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ABSTRACT

This KIDS COUNT Report details statewide trends in the well-being of Maine's children. The statistical portrait is based on a variety of indicators in the areas of: (1) physical and mental health; (2) social and economic opportunity; (3) education and learning; and (4) child health care access. The report contains a special section on Maine children in need, discussing: gay, lesbian, and bisexual youth; the Maine Youth Initiative; and the Mental and Behavioral Health Initiative. Following the data for these areas, the report presents state level trend data, a Maine state profile, county-by-county profiles, 1990 census data, and definitions and sources of data. Findings indicate that the status of children's physical and mental health is improving in several key areas, including infant mortality rate, low birth weight infants, 2-year-old immunizations, teen smoking, teen violent death rate, and juvenile arrest rate. There are mixed indications of children's social and economic security, with progress in child support enforcement, teen birth rates, median household income, and unemployment rate. Education indicators revealing room for improvement include high school completions, graduates with plans to attend post-secondary education, and dropout rates. (EV)

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Maine Kids Count

2000 DATA BOOK

PS 028847

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Introduction

The first year of a new century is a fitting time to show that our communities' efforts to improve the lives of children are paying off. For the past six years, the Maine KIDS COUNT Data Book has provided the single most comprehensive picture of the status of children living in Maine. We can see where we are each year and take note of trends. This year, we are fortunate to be able to report that many of these trends are encouraging, particularly regarding our children's physical health and safety. With the range of challenges that face children and families today, we are in a unique position to celebrate so many positive outcomes.

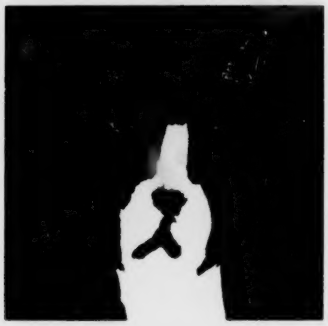
How should we celebrate? First, we must appreciate the continued declines in key indicators of risk such as infant and child mortality, teen pregnancy, and the numbers of children arrested for serious crimes. We must applaud the generous and diligent work of policymakers, advocates, educators, and business people, whose efforts to expand access to secure employment, health and child care have the potential to improve the lives of even greater numbers of Maine children and families in years to come. There is already evidence of significant success in health care access based on such efforts. Between July 1998 and September 1999, the expanded Medicaid and Cub Care programs enrolled nearly 7,000 previously uninsured children. Maine's Department of Human Services purposefully coordinated its Medicaid Outreach efforts with other state and non-state agencies in order to reach the greatest numbers of children. When we collaborate to address an area of need, the consequences are undeniably productive and beneficial.

We must also use the lessons we've learned from such successful efforts to renew focus on what are clear and crucial areas of need. Many Maine families are faced with considerable economic insecurity. Roughly one in six of our children lives in poverty, and one in seven is still without health insurance. In addition, there are children and youth in our communities with unique mental, emotional, and behavioral needs who have not consistently received the comprehensive attention they deserve and require. In an environment of relative health and well-being for the majority of Maine children, it is indeed important to recognize our exceptional accomplishments, but we must not lose sight of those who too often go unnoticed. We must be committed to continually refocusing our vision so that we see *all* of Maine's children. We have an obligation to sustain and improve the quality of life for children in Maine.

Photo by Elizabeth Weaver

We hope that the KIDS COUNT Data Book continues to be a valuable and instructive tool. We have worked hard to improve the book each year by assuring the reliability and timeliness of the data, offering more explanatory detail on the figures presented, and revising the design to enhance readability. We have incorporated the suggestions of our untiring and inspired advisory committees, as well as all those who have taken the time to provide feedback for improvement. We hope that you will let us know how we are doing, because our singular purpose is to make available the most inclusive and trustworthy collection of data regarding the health and well-being of Maine's children.

Lynn Davey, Ph.D., Director
Maine KIDS COUNT



Our beautiful cover art was created
by Luke Graziano, aged 9, of York, Maine.
Luke was kind enough to write a story
to tell us more about this hungry cat on a mat....

THE HUNGRY CAT

Hmm...what am I going to eat today? Maybe I'll eat a mouse! Yes, that's it, a nice, juicy mouse! I could add a little cheese and some olives too. No, no, no! That's no good, I don't even like olives or cheese. I'll try a different mouse dish. I've got it! Fresh mouse cooked right on the grill! Yum! Oh but that grill might be a little dangerous...after all, what if the mouse gets a little angry and tries to burn me with one of the coals. Oh no! What am I going to do? I am so hungry! Wait a minute...an oven! Yes, my oven! I can cook the mouse in my oven. This way will be safer and I won't have to use olives and cheese! One thing left to do... Oh no! How do I catch the mouse?!!!

By Luke Graziano, age 9
Coastal Ridge Elementary School
York, Maine

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HOW TO USE THIS BOOK

MAKING SENSE OF THE DATA

Why speak in numbers?

Assessing and understanding data are essential to establishing policies and programs that will sustain or improve the quality of life for our children. The overall goal of Maine KIDS COUNT is to ensure that Maine's children thrive and become successful adults who are able to participate fully in Maine's social and economic environments. The KIDS COUNT Data Book serves that goal by collecting and publishing meaningful and reliable data on the social, economic, physical, and educational environments of Maine's children.

What can numbers tell us?

In order to both assess our present standing and evaluate our progress over time, it is essential to understand what is being measured and how. For every indicator of children's well being, we report a number, a percentage or rate, and the percentage change between the current and previous year's data. These are all different measures. We certainly like to know the number of children represented by any indicator. However, it is essential to **present the indicators as percent or rates in order to enable comparison between groups of different population size.**

> For example, in Franklin County, an average of 960 persons were unemployed in 1998. This equates to an unemployment rate of 6.7% for Franklin County. In Cumberland County, there were 3,400 persons unemployed in 1998. Because of the significantly larger population in Cumberland County, 3400 unemployed persons translates to an unemployment rate of only 2.4%.

Refer to the **Key to Data Elements** for explanations of each data element and for further help with understanding rate calculations. Please also bear in mind the **Definitions and Sources** in the back of the Data Book, where you can find a comprehensive definition of each indicator, an explanation of how and by whom it is collected and measured, and where you can turn for more information. This year, we have also included web addresses with direct links to data and data sources.

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What kind of data are reported and why?

Data are selected which best portray influences and outcomes related to children's well being. To be included, data must be available at the state and/or county level; must be from a valid source; must be available and reliable over time; and must be useful tools in assessing the status of our children. While most of the indicators chosen for the first KIDS COUNT Data Book in 1994 have continued to be included and updated, **we have worked to improve the Data Book in a number of important ways.** Most of these changes reflect improvements in the availability of data for certain indicators. Some of the changes refine the indicator being measured. For example, in our statistics on the racial composition of our population, we have chosen to begin reporting the number of children of Hispanic origin (ethnicity). Although these numbers are small, the inclusion allows us to give a more accurate picture of the racial and ethnic composition of our population.

Are there limits to the data?

As mentioned above, our counties vary considerably in population, size, geography, economic and social climate, and these factors should be considered when interpreting differences between and among counties. **Because the population in the entire state is relatively small, this can cause rates to vary considerably from year to year.** For example, a county that experienced one child suicide in one year, and experienced two the following year, would technically report a 100% increase in the number of child suicides. As you can see, it is particularly important to attend to population size when assessing change over time; variation may or may not reflect significant or meaningful change in the indicators. Because of these issues, we urge caution when interpreting change from one year to the next. We also encourage you to refer to our pages on **Trends,** which track and graphically display particular indicators over several years.

KEY TO DATA ELEMENTS

Numbers

The count of the number of occurrences of an event during a specified time period - e.g., the number of domestic assaults reported to police in 1998.

Dates

Most often, the single year of the most recent available data is used. Our sources collect data in different ways, and the Definitions and Sources section explains how a year is defined for each indicator. In some cases, a **calendar year** (January 1 - December 31) is used. In other cases, a fiscal year is used. In Maine, a state fiscal year (SFY) starts on July 1 of one year and ends on June 30 of the next year. The **state fiscal year** is defined by the ending year, so that state fiscal year 1999 (SFY 99) began on July 1, 1998 and ended on June 30, 1999. In addition, we report **multi-year averages** for some indicators. Because, for example, child deaths are particularly rare in small, rural counties, the child death rate could have wide fluctuations from year to year. Reporting five years of data, instead of one, stabilizes the rates.

Percentage or Rate

Percentages and rates are measures of the probability of an event. They both take into account the total population of children who could experience that event. Rates that include a '%' sign are percents, or rates per 100 events. Other rates are expressed per 1,000, 10,000, or 100,000 events. The generic **formula for calculating rates or percents** is:

$$\frac{\text{(Number of occurrences) x (base rate)}}{\text{population}}$$

The percentage of children on Food Stamps in Aroostook County is 14.5%. That number is derived from:

$$\frac{\text{(2,737 Aroostook children receiving FS) x (100)}}{\text{(18,911 children in Aroostook)}}$$

Photo by B. H. Hunt

Change in rate from previous year

We include comparisons to the previous year when available and when in a comparable format. **The formula for calculating percent change** is:

$$\frac{\text{(current rate - pervious rate) x (100)}}{\text{previous rate}}$$

Highlights and State Level Data

PHYSICAL AND MENTAL HEALTH

Highlights

The status of children's physical and mental health is improving in several key areas including:

- Infant mortality rate
- Low birthweight infants
- Two-year old immunizations
- Teen smoking
- Teen violent death rate
- Juvenile arrest rates

- The most recent infant mortality data indicate an all time low number of infant deaths in Maine: 5.7 (per 1,000 live births). This figure represents a five-year average of data collected each year from 1993-1997. This is significantly below the most recent national rate of 7.2 (for 1997). Infant mortality has been on the decline nationally since 1985 due to a combination of improved medical technology, neonatal intensive care, and public health outreach efforts (the Maine infant mortality rate was 8.9 in 1985). Rates of infant mortality are important because they indicate more than good physical health and advances in neonatal care. Infant mortality is also correlated with economic and environmental factors: rates are higher for children living in physically unsafe or impoverished environments.[1] [*Infant mortality rates are reported on the State and County Profile pages*]
- In Maine, the rate of low birthweight infants in 1997 was 5.9% (as a percent of all live births). The rate has not increased since 1995, and is well below the national average of 7.5%. Oddly, the percent of low birthweight infants has been on the rise nationally over the past several years, despite the fact that infant mortality is decreasing and more women are receiving early prenatal care. In Maine, our rates of live births for which prenatal care began in the first trimester remained strong this year: a state average of 88.4% of all births. This is substantially higher than the most recent national rate of 81.8% (1996). If preventive health care, such as early prenatal care, continues to rise and play a role in the health status of young children, what then accounts for increases in low birthweight births? Experts believe that the increase is likely due to greater numbers of multiple birth deliveries, which are associated with delayed childbearing and the use of fertility drugs and procedures. [*Low birthweight and prenatal care rates are reported on the State and County Profile pages*]
- Once again, Maine has been very successful in assuring that our children receive proper immunizations. In 1998, 89% of two-year olds were age-appropriately immunized. This is an increase from our 1997 rate of 87.8%, which was the highest rate in the country in that year. We are again well above the 1998 national average of 80.6%. Adequate immunization protects children against several diseases that have killed or disabled children in previous decades. Immunization rates are one measure of the extent to which children are protected from serious and preventable illnesses.

There are several measures of adolescent health that indicate positive trends.

- Self reported cigarette use among high school students has decreased in the last two years, from 39% (1997 Youth Risk Behavior Survey) to 31% (1999 Youth Risk Behavior Survey). Although national data from the 1999 YRBS were not available in time for publication here, we know cigarette use by teens has been on the rise in the late 90s; in 1997 36.4% of high school students nationally indicated current cigarette use. Because smoking is related to only negative consequences for current and future health, it is unquestionably important to study patterns of smoking among adolescents, and to provide resources aimed at smoking cessation. Policies aimed at prohibiting access to tobacco to underage youth and limiting the availability of public places that allow smoking can certainly contribute to reduction in use. These recent figures for Maine youth represent a 20% reduction in smoking between 1997 and 1999, a very encouraging trend, particularly in light of the national trends of increased usage.
- The rate of teen deaths from violent causes (accidents, suicides, homicides) has continued to decline. The five-year average for the years 1990-1994 saw a violent death rate of 5.8 per 10,000 teens. The rate dropped to 4.6 in 1993-1997. Nationally, adolescents and young adults are much more likely to die from injuries sustained from motor vehicle accidents or firearms than from any other cause.[2] Given that media attention often focuses on youth violence and homicide, it is important to draw attention to

these low and still decreasing rates in Maine. *[Teen deaths are reported on the State and County Profile pages]*

- Although the juvenile arrest rate dropped again in 1998 to a rate of 81.1 (per 1,000 children aged 10-17), the rate had been on the rise from 1993 to 1996 at which point it reached a high of 90.2. It dropped slightly in 1997, and further still in 1998. Similarly, the statewide rate of arrests of children for crimes against persons has dropped, from 1.7 in 1996 (237 crimes against persons), to 1.2 in 1998 (167 crimes against persons). Juvenile arrest rates have also dropped nationally in the past several years. As of 1997, the juvenile arrest rate for violent crime had fallen by 23 percent since 1994.[3] *[Arrests of children are reported on the State and County Profile pages]*

  It is important to note that arrest statistics provide only one perspective on crime. Arrest statistics are numbers of arrests – they do not reveal how many crimes were committed nor do they indicate how many children comprise the number of arrests. For example, four arrests could be made at one particular crime scene. Or, one child may be arrested on five different occasions. Arrest statistics do not address these issues. In addition, the data reveal only that an arrest was made; they do not tell us whether a crime was prosecuted. It should also be noted that some people perceive high arrest rates to be positive signs because arrests indicate lawbreakers have been intercepted and possibly diverted from future crime.

  The data also do not inform us of problems or successes in the processes within the juvenile justice system. Nationally, most of the children involved in the juvenile justice system are non-violent offenders. The majority of juvenile crime involves property offenses (burglary, thefts, larceny), while only 5 percent are serious, habitual, violent offenders.[4] Juvenile crime is a serious problem, but we must ensure that the solutions to the problem have a productive impact on the youth who come into contact with the system. Unfortunately, too often the small number of violent crimes committed by youth dominate public discourse and become the focus of policy initiatives regarding juvenile justice. We must recognize that youth offenders are a diverse group, and ensure that policies represent and address the needs of all youth in the system. (See the KIDS COUNT Special Focus on the Maine Youth Initiative, pages 25-26).

Other outcomes regarding physical and mental health give us cause for concern:

Percent of children (0-17) without health insurance

Percent of low-income uninsured children (0-17) with working parents

- For ten years, in Maine and across the country, there has been an alarming trend of steady increases in the numbers of uninsured children. This figure is the multi-year average of data collected each year from 1995-1999. These data indicate that **an average of 14% of our children under 18 were uninsured during this period.** This equates to an average of 39,000 children each year between 1995-1999. This represents a 75% increase from the average for the years 1987-1991, when 8.0% of our children under age 18 were without health insurance.
- When we look at the insurance status of children of different socioeconomic status, we learn that the majority of our poorest children do have health insurance. We have 106,000 children under 18 who are living below 200% of poverty;[i] roughly 24,000 are without health insurance. In addition, of these 106,000 children, 79,000 have working parents; roughly 20,000 of these children are without health insurance. In other words, 25% of the population of low-income (<200% of poverty) children with working parents are uninsured.

When we look at the population of uninsured children (39,000 children noted above) and investigate who they are, we see that most of these children are low-income children (i.e. 24,000/39,000). In addition, **over half of our uninsured children are low-income children with working parents** (i.e. 20,000/39,000).

It is clear from the first figure alone that Maine families are experiencing ever-increasing difficulties in obtaining affordable health insurance for our children. Given that early and continued care is essential to children's healthy growth and development, we explore health insurance coverage among Maine children in depth on pages 18-20.

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[i] The poverty threshold is frequently referred to as "100% of poverty." In 1998, the poverty threshold for a family of three was $13,003. Therefore, an annual income of $13,003 is "100% of poverty" for a family of three. "200% of poverty" indicates an income twice that, in this case $26,006 for a family of three.

Physical and Mental Health

	Number	Rate or percent	Percent Change from Last Book	National Rate or Percent
Children aged 0-17 without health insurance, five-year average, 1995-1999	39,000	14%	*+16.7%*	15%
● Low-income uninsured children with working parents, five-year average, 1995-1999	20,000	25%	*n/a*	26.0%
Core mental health professionals, 1994; rate per 1,000 children aged 0-19	1,382	4.0		
Two year-olds who were age-appropriately immunized, 1998		89%	*+1.4%*	80.6%
Well-child clinic visits	4,870			
High school students who visited a health professional during the past 12 months, 1995		81.0%		
High school students reporting at least one suicide attempt in the last year, 1999 (*1999 are unweighted data)		7.9%	*-12.2%*	7.7%
Children aged 19 and under in motor vehicle crashes with personal injury, as a percent of all children in motor vehicle crashes, 1998	4,566	15%	*+4.2%*	▲
Hospital discharges of children aged 0-19 for mental health or substance abuse diagnoses, 1998; rate per 1,000 children	**1,889**	5.7	*-1.7%*	
Mental Health Discharges	1,718	90.9%		
Substance Abuse Discharges	171	9.1%		
Teens aged 15-19 receiving services from family planning providers, FY 1999; as a percent of all 15-19 year olds	9,058	10.9%		
Sexually active high school students who reported using a condom during last intercourse, 1999 (*1999 data are unweighted)		53.5%	*+4.9%*	56.8%
Gonorrhea cases, 10-19 year-olds, 1998; rate per 100,000 10-19 year olds	18	10.1	*+0.8%*	
Chlamydia cases, 10-19 year-olds, 1998; rate per 100,000 10-19 year olds	450	252.1	*-0.3%*	
In 1999, High school students reporting: (*1999 are unweighted data)				
Alcohol use within past 30 days		52.5%	*+2.9%*	50.8%
Marijuana within past 30 days		30.9%	*+3.0%*	26.2%
Cigarette smoking within past 30 days		31.2%	*-20.0%*	36.4%
Use of any form of cocaine within past 30 days		3.8%	*+26.7%*	
Use of inhalants at any time during their life		16%	*-15.8%*	
Visits by children aged 0-14 using services of licensed alcohol and drug abuse treatment providers, rate per 1,000 children aged 0-14, 1998	335	1.38	*+123.2%*	
Visits by youth aged 15-19 using services of licensed alcohol and drug abuse treatment providers, rate per 1,000 youth aged 15-19, 1998	928	10.50	*-5.7%*	
Alcohol-related license suspensions for drivers under age 21; rate per 1,000 licensed drivers under 21, 1998	1,051	17.5	*+3.6%*	
OUI arrests for drivers under age 21, rate per 1,000 licensed drivers under age 21, 1998	1,663	27.7	*0.0%*	

▲ The indicator has changed from that used in last year's Data Book. Please see each indicator's definition for an explanation of the exact change(s)

● New indicator

Physical and Mental Health

	Number	Rate or Percent	Percent Change from Last Book	National Rate or Percent
Children aged 0-17 in Department of Human Services care or custody, September, 1999; rate per 1,000 children aged 0-17	2,886	9.71	*-1.1%*	
Substantiated child abuse and neglect victims; rate per 1,000 children aged 0-17, 1998 Child Victims by Age:	**3,579**	12.0	*n/a*	
0-4	*1,257*			
5-8 yrs	*1,012*			
9-12 yrs	*765*			
13-15 yrs	*435*			
16-17 yrs	*110*			
Child Victims by Type of Maltreatment (*one or more types of maltreatment can be recorded for each child victim - numbers below refer to the 3,579 children noted above)				
Total types of maltreatment	**6,908**			
Sexual Abuse	*830*			
Physical Abuse	*1,424*			
Neglect	*2,357*			
Emotional Abuse	*2,297*			
Reports alleging child abuse and neglect that were received by Child Protective Services, Calendar year 1998	**13,870**			
Number of reports screened out (did not warrant Child Protective Services):	5,958	43%		
Number of reports that warranted Child Protective Services	**7,912**	57%		
Cases assigned to Child Protective Services	*4,121*	*52%*		
Cases not assigned to Child Protective Services due to lack of resources	*3,791*	*48%*		
Case assessments completed by CPS in 1998 (*includes those that may have been reported in the previous calendar year)	4,433			
Cases substantiated (represents the 3.579 child victims noted above)	*2,711*	*61%*		
Cases unsubstantiated	*1,722*	*39%*		

Photo by Lynn Davey

SOCIAL AND ECONOMIC OPPORTUNITY

HIGHLIGHTS

We have seen mixed indications of the social and economic security of our children. Indicators of progress include:

Child support enforcement
Teen birth rates
Median household income
Unemployment rate

- The number of families with children for whom the state child support enforcement agency collected child support payments that were owed has steadily increased for the past five years. In state fiscal year 1999, $85.6 million was collected, representing income received by 37.1% of all families on the agency's caseload. This is an increase from $51.4 million in 1994, which represented 32.7% of the caseload in that year. The national rate of cases collected is 20.4%. Maine ranks third in the nation on this indicator. This is a significant accomplishment with tangible effects on children's economic well-being.
- According to the 1999 National KIDS COUNT Special Report, "*When teens have sex: Issues and trends,*" Maine observed a 28% decline in the teen birth rate (15-19 year olds) between 1991 and 1996, from 44 to 31 (per 1,000 females in this age group). The rate declined only 12% nationally between 1991 and1996. Maine experienced the second sharpest decline in teen births in the country over this period. In fact, Maine's teen birth rate was substantially lower than the national rate every year between 1980 and 1996, ranking third in the country in 1996 for this age group.[5] These are very positive trends, as teenage parents are more likely to leave high school before graduating, and are more likely to be poor. Researchers cite two primary reasons for these trends: fewer teens are having sex, and among those who are, more use contraceptives.
- In Maine, we also track births to all females under age 20. Although we saw an increase in 1997 in the rate of births to single teens, we saw a corresponding decrease in the rate of births to married teens. We cannot interpret trends in the birth rates of a particular group in any meaningful way without considering overall trends in fertility. If there are fewer total births from one year to the next we may see an increase in the rate of births to one group (e.g., single teens), even if there was no increase in the number of births to that group. For example, in 1991 there were 1,370 births to single teens, representing 8.2% of all births in Maine. In 1997, there were far fewer births to single teens, 1,159, but this represented 8.5% of all births in Maine that year. Given that trends suggest many women are delaying childbirth, it is, in fact, likely that the rate of births to teens will increase even if the number of births to teens remains steady or decreases.
- In Maine, we have been witnessing a steady decline over the last decade in the rate of births to unmarried teenaged mothers who lack high school diplomas. The most recent rate, an average for the years 1993-1997, was 8.1 (rate per 1,000 females aged 10-19). In relation to other measures of teen pregnancy, this is a more powerful indicator of the social and economic health of children born to unmarried women. We know that children born to unmarried women under 20 who have not completed high school are 10 times more likely to be poor than children born to married women who are at least 20 and have a high school diploma.[6] *[Data are reported on the State and County Profile pages]*
- In Maine, the median household income increased from $28,732 in 1993 to $31,189 in 1995. That represents an 8.6% increase between 1993 and 1995, an increase that echoes national trends. However, data from 1995 also indicate that only three counties in Maine had median income above the national average of $34,076: Cumberland, Sagadahoc, and York Counties. These measures of median household income, available at the county level, are estimates from the U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE). A "household" includes all individuals who occupy a housing unit, including related family members and all unrelated persons. The most recent available data in this series is from 1995; the previous data in this series represent 1993. *[Median household income is reported on the State and County Profile pages]*
- We also report the median household income of families with children. The latest statewide estimate is a

multi-year average of income data from 1994 through 1998. The median income of families with children for this period was $37,600, a 3.9% increase from the previous estimate of $36,200 for the years 1993-1997. This measure represents the median annual income for families with related children under age 18 living in the household. National trends have also shown increases in this income measure over the past several years. As one would expect, however, the percentage increase for households with children tends to be less than the percentage increase for households without children.

- Maine was one of the five states in the country that experienced the largest percent drop in unemployment (one full percentage point) between 1997 and 1998. The unemployment rate in Maine dropped from 5.4% (1997) to 4.4% (1998). The national rate decreased from 4.9% to 4.5% over this period. Persons are counted as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work (see Definitions and Sources for more information). Of Maine counties, five were below the state average: Cumberland (2.4%), Knox (3.3%), Lincoln (3.4%), Sagadahoc (3.2%), and York (3.1%). Unfortunately, the unemployment rate in four of our counties was higher than the rate of any state in the country in 1998: Aroostook (7.1%), Franklin (6.7%), Somerset (7.4%), and Washington (9.4%). *[Unemployment rates are reported on the State and County Profile pages]*

There are several indicators that give us cause for concern:

Children in poverty

Livable wage statistics

Students enrolled in free/reduced price school lunch program

TANF and Food Stamp participation

The Census Bureau uses a set of money income thresholds that vary by family size and composition to establish who is poor. If a family's total income is less than that family's threshold, then that family, and every individual in it, is defined as living in poverty. We report poverty levels provided by the Census Bureau's Small Area Income and Poverty Estimates (SAIPE) series. These model-based procedures provide the best estimates of income and poverty for all states and counties. The statistical models used relate income and poverty to indicators based on summary data from federal income tax returns, data about participation in the Food Stamp program, and the previous census. These estimates are then combined with direct estimates based on the Current Population Survey (CPS) sample to provide figures that are more precise than the CPS alone. We report this SAIPE series because the CPS sample (roughly 50,000 households nationally) is large enough to provide reliable direct estimates for only 10 states and a few counties. The SAIPE series, in comparison, provides more reliable estimates at the state and county level.

- The most recent estimates from the SAIPE series for states and counties represents 1995 data. In 1995, 16.2% of children in Maine (49,672 children) under age 18 were living in poverty, compared with 19.4% in 1993. The SAIPE series released statewide income and poverty estimates for 1996 shortly before we went to press. These data show that child poverty increased to 17% in 1996, or 51,373 children in Maine living below the poverty threshold in that year. *[Poverty data are reported on the State and County Profile pages]*

Livable wage analyses and measures of participation in social programs can serve to inform the story we tell of the economic health of our families. While the percent of children in poverty is widely used as the most global measure of children's well-being, many critics have charged that the measure, based on the federal government's poverty thresholds constructed in the 1960s, underestimates the income needed to meet basic needs. The primary criticism is that the thresholds are based on outdated assumptions about household expenditures. For example, the formula assumes that one-third of household income is spent on food. This is known to be an inflated estimate of the food proportion of contemporary family budgets.[ii] What indicators should we attend to in order to construct an accurate picture of the economic health of our families? Much media attention has been focused on low unemployment rates and widespread

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(ii) For an excellent explanation of these issues, see Pohlman, L., St John, C., & Kavanaugh, W. (1999). *Getting by in 1999: Basic needs and livable wages in Maine*. Published by the Maine Center for Economic Policy, P.O. Box 2422, Augusta, ME 04338.

reductions in the welfare rolls. Decreasing unemployment is undeniably significant; declining unemployment rates signify increased participation in the labor force. However, if employed persons are not earning wages that allow them to support themselves and their families, these jobs can hardly be contributing to family security or, more broadly, economic growth. We must consider occupational wage data in addition poverty statistics and unemployment rates in order to make any useful assessment of economic health and well-being.

The last decade has, in fact, witnessed a substantial increase in the number of children living in working-poor families (where at least one parent worked at least 26 weeks of the year, and family income was below the poverty threshold for that year). The Census Bureau reports that in the United States in 1997, 5.6 million children lived in working-poor families compared to 4.3 million in 1989.[7] Clearly, work alone does not shelter children from poverty.

- The number of jobs that pay a livable wage has decreased from 81% of all Maine jobs in 1993, to 67.7% in 1998. A livable wage has been defined as 185% of the federal poverty threshold[iii] for a family of two (assuming a single-wage earner). The 1998 poverty threshold for a family of two was $10,634. Therefore, a livable wage (1.85 x $10,634) amounted to an annual salary of $19,673 for a family of two. This means that 67.7% of all jobs in Maine paid an annual salary of at least $19,673. It should be noted that this statistic is a job count – it does not reveal how many persons are employed in these jobs. If all of these jobs were filled, we would still have over 32% of employed persons earning an annual wage of less than $19,673.
- This year we report livable hourly wage estimates for each county. Data are from *"Getting By in 1999: Basic needs and livable wages in Maine,"* a report of research conducted by the Maine Center for Economic Policy. The figures presented are estimates of the hourly wage needed to meet a basic needs budget (please see Definitions and Sources for further information). Their research suggests that the annual income required to meet basic needs is over 200% of the poverty level.[8] There are 288,000 children aged 0-17 in Maine; 106,000 (37%) live in families with incomes below 200% of poverty. Seventy-five percent of these children (79,000) have parents who work. Growing up in an environment in which working hard does not guarantee a family's financial security can hardly serve to promote healthy development or aspirations for future success. It is surely time to revisit our definitions of and policies regarding poverty thresholds and livable wages. *[Livable wage estimates are reported on the State and County Profile pages]*

Photo by Patrisha McLean

- The percent of school children participating in the subsidized school lunch program has shown little movement in the last 5 years, hovering around 30%. During the 1998-1999 school year, 31.7% of the student population was enrolled in the program, with the majority receiving free meals. Students who live in homes with annual incomes at or below 130% of the poverty level are eligible for free meals; 24% of students enrolled in school received free meals. Students who live in homes with annual incomes between 130% and 185% of the poverty level are eligible for reduced price meals; 7.6% of students enrolled in school received reduced price meals. These data are interesting for several reasons. We have seen a reduction in the numbers of children living below the federal poverty threshold. One would expect to then see decreasing numbers of children receiving subsidized school lunch. However, nearly one third of our children live in families with annual incomes below 200% of poverty, and nearly one third participate in the school lunch program. It is clear that the Department of Education is doing well in identifying and enrolling eligible children in need of this assistance. *[Data are reported on the State and County Profile pages]*

[iii] The poverty threshold is frequently referred to as "100% of poverty." In 1998, the poverty threshold for a family of three was $13,880. Therefore, an annual income of $13,880 is "100% of poverty" for a family of three. "200% of poverty" indicates an income twice that, in this case $27,760 for a family of three.

- In addition, *the School Breakfast Score Card: 1999* (the annual status report on the School Breakfast Program published by the Food Research and Action Center) indicates that 542 schools, and 18,676 children in Maine participated in free and reduced-price school breakfasts in 1999.[9] This is a 10% increase from 1998 in the number of schools participating, but only a 2.5% increase from 1998 in the number of children receiving free and reduced price breakfast. Although Maine does not mandate participation in the program, the state does provide $3,000 start-up grants to schools. Maine ranks 32nd in the country in terms of the percent of students eligible for free and reduced meals who actually receive free and reduced meals. We are still well below the national average in terms of school participation and low-income student participation, but we are making gains. And, the benefits of school based breakfast and lunch programs are well documented: study after study indicates the programs are effective and boost learning. Much progress has been made in Maine this year, and it is critical now to focus on removing any barriers that may stand in the way of participation for more children.

- TANF (Temporary Aid to Needy Families) and Food Stamps benefits are also indicators of family economics. This year, Maine has experienced declines in both forms of assistance. The percent of children on TANF decreased from 8.3% in 1998 to 7.5% in 1999. The percent of children receiving food stamps decreased from 13.5% in 1998 to 11.9% in 1999. It is hard to establish what reductions in the numbers of recipients indicate. We know that these supports help families meet their needs for housing, food, clothing, transportation, and child care. We also know that the combined maximum monthly benefit level of TANF and Food Stamps, $791/month for a family of three, represents monthly income that is 68.4% of the federal poverty level (the federal poverty level for a family of three is $13,880 for a family of three in 1999, or $1,157/month). Even though our combined benefit level is above the national average, public assistance cannot lift a family out of poverty. *[Data are reported on the State and County Profile pages]*

We need more reliable data on the meanings of increases and decreases in public assistance program participation. How do we ensure that we reach the greatest numbers of eligible children and families? We know that there are 106,000 children under 18 whose families do not make annual incomes that provide for basic needs. A national study by the Government Accounting Office (GAO), released in August 1999, concluded that food stamp participation has declined more rapidly than related economic indicators would predict. In other words, the number of children participating has dropped more sharply than the number of children living in poverty, indicating a growing gap between need and assistance.[10] If we also consider Census Bureau data that indicate only 40% of children in poverty live in families receiving public assistance, reason would suggest that despite improvements in certain economic indicators, child poverty continues to threaten the lives of many Maine children.

Social and Economic Opportunity

	Number	Rate or Percent	Percent Change from Last Book	National Rate or Percent
● Jobs that pay a liveable wage, 1998	378,224	67.7%	**0.7%**	
● Unemployed persons aged 16-19, annual average, 1998	5,000	13.7%	**-8.7%**	14%
Percent of teens aged 16-19 not attending school and not working, three year average, 1995-1997		7%	**0%**	9.0%
Median income of families with children, five-year average, 1994-1998	$37,600		**+3.9%**	$39,700
Families headed by mothers receiving child support or alimony, five-year average, 1994-1998		43%	**-4.4%**	34%
Child support enforcement, cases with collection, 1996	28,639	37.1%	**+4.2%**	20.4%
Children in single-parent families, three-year average 1995-1997		23%	**-4.2%**	27%
Children aged 0-17 living in homeless or emergency shelters, July, 1998; rate per 1000 children aged 0-17	285	1.0	**0%**	
Births to single teenaged mothers as a percent of total live births, 1997	1,159	8.5%	**+6.1%**	
Births to married teenaged mothers as a percent of total live births, 1997	225	1.6%	**-5.9%**	
Repeat teen pregnancies as a percent of total teen pregnancies, 1997	472	23.4%	**-0.8%**	
Recipients of WIC benefits				
Total	45,394		**-23.4%**	
Women	11,045			
Children	34,349	49.5%		
State TANF and Food Stamp maximum benefit level as a percent of the Federal Poverty Guideline, 1999	$791/ month.	68.4%	**+1.9%**	

▲ The indicator has changed from that used in last year's Data Book. Please see each indicator's definition for an explanation of the exact change(s).

● New indicator

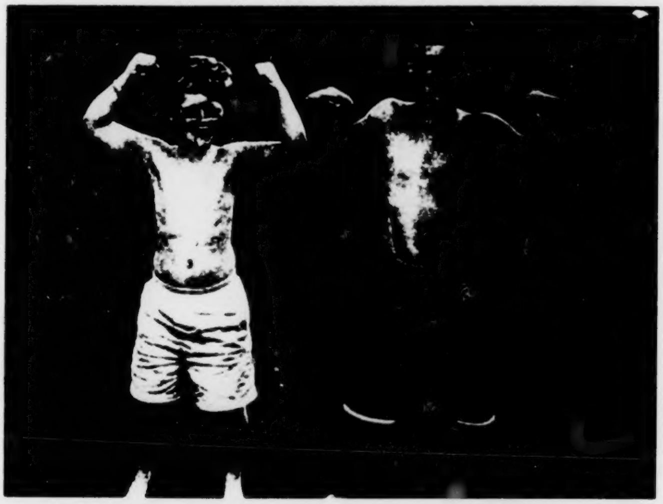


Photo by Crystal A. Hamilton

EDUCATION AND LEARNING

All children in Maine should have access to educational opportunities that will enrich their lives and enable them to discover and nurture their talents. We know that children's success in school is affected by a variety of factors unrelated to their inherent abilities. These factors, which we have explored in preceding pages, include the physical and mental health of our children, and the educational, social, and economic climates of the home, school, and broader community. These influences may be more or less salient in different communities across the state and need to be considered when making sense of the traditional indicators of children's educational health reported below.

Highlights:

We would like to highlight several indicators that offer promise but also reveal room for improvement:

High school completions

High school graduates with plans to attend post-secondary school

High school dropout rates

- The percent of all 17 year olds who have completed high school increased almost 4% in 1997-1998 to 78.9%. High school completion rates are used to measure the extent to which young adults have completed a basic prerequisite for both entry-level jobs and post-secondary education.
- The percent of all Maine high school graduates with plans to attend post-secondary school reached a high of 62.7% in 1997-1998. The rate was 57.3% in the 1992-1993 school year, and has almost invariably risen since. The 1997-1998 rate, however, represents greater numbers of private school graduates because, for the first time, all private high school graduates are included in the rate (in previous years, the composite figure reported included only those graduates from private schools with at least 60% publicly-funded students; for 1997-1998 this amounts to an inclusion of 615 more students). Caution is urged in making comparisons from year to year according to that composite figure. *[Data are reported on the State and County Profile pages]*

The Department of Education's Division of Management Information has made great advances in the reporting of completion, graduation and dropout statistics, and has revised previous years' reports (all available on-line) to allow for comparisons. We have chosen to include here a statewide breakout of rates for total public versus total private high school graduates. Comparison of the public/private breakout reveals that in 1997-1998 78.3% of all private high school graduates planned to enroll in post-secondary education, a 5% increase from the previous year. For public high school students, 60.5% had post-secondary plans in 1997-1998, up only marginally from 60.3% in 1996-1997.

Unfortunately, no direct comparison to the national rate should be made because of differences in the definition of the indicators. The national rate reports the percentage of high school completers aged 16-24 who were enrolled in any post-secondary education institution the October after completing high school. The national rate for this indicator was 65% in 1996, the most recent data available.

- The statewide high school dropout rate has remained steady in the last several years, averaging roughly 2.9% annually since 1994. In 1997-1998 the high school dropout rate increased slightly to 3.01%, up from 2.96% in 1996-1997. The national high school dropout rate, which measures dropout in grades 10 through 12, was 4.8% of all students in 1998 (note that the rate was 3.9% for White non-Hispanic students, the racial category that represents 98% of Maine children). Many middle schools include 9th grade, and so only those grades found in all high schools, 10-12, are included in national estimates. Both Maine and the National Center for Education Statistics (which provides the national rates) use what is called an "event dropout rate". This rate measures the proportion of students enrolled who drop out during a single school year. It reveals how many students are leaving school each year and how each year's rate compares with previous ones. Another way to measure dropouts is known as the "cohort" rate, which requires tracking a given class or cohort of students over time (for example, beginning in grade 9 and tracking through to grade 12). It measures the cumulative impact of dropouts for a particular cohort over a number of years. The Department of Education's Division of Information Management will begin providing this measurement as well. Dropout rates are important because high school dropouts experience more unemployment, tend to earn less when they are employed, and are more likely to be poor than their peers who complete high school. *[Data are reported on the State and County Profile pages]*

Special consideration should be given to the trends in:

Children with Disabilities

- In 1998-1999, 34,306 Maine children with disabilities, aged 3-21, were reported to the Department of Education. This represents a rate of 151.14 per 1,000 students, an increase of 2.1% from the previous year, and a 9% increase from 1994-1995. The majority of students enrolled were identified as having a "learning disability" (38%), "speech and language impairment" (29%), or "behavioral impairment" (12%). Children with disabilities are not a homogeneous group (see Definitions and Sources for complete list of defined disabilities); students vary by type of disability, by age, and by other factors unique to the children themselves. And certainly, children with the same disability of the same age may vary in terms of other personal, physical, or cognitive assets. In addition, relative advantage or adversity in family, social, and community support systems needs to be considered. This indicator of numbers of students with disabilities shows that our Department of Education has succeeded in identifying and evaluating students who may require special education. The indicator does not reveal whether the resources available to these children are adequate to serve their needs. We can assume that if the trend continues, and greater numbers of students are identified as deserving special education each year (nationally, this trend has continued for over 20 years), then we will also need to ensure suitable educational services for these children. *[Data are reported on the State and County Profile pages]*

Education and Learning	Number	Rate or Percent	Percent Change from Last Book	National Rate or Percent
Children with limited English proficiency attending school, rate per 1,000 students enrolled in public schools, 1998-1999 school year (*only provisional data for public school students were available at time of printing)	2,240	10.6	-11.5%	
High school completions, 1997-1998; as a percent of all 17 year olds	**14,186**	78.9%	+3.8%	
Diplomas	13,577			
GED	331			
● Other Diplomas	249			
● Other completers	29			
Total high school graduates planning to attend post-secondary school, school year 1997-1998 as a percent of all graduates	**8,893**	62.7%	+1.0%	65.0%
● Public high school graduates planning to attend post-secondary school, school year 1997-1998; as a percent of all public high school graduates	7,545	60.5%	+0.3%	
● Private high school graduates planning to attend post-secondary school, school year 1997-1998; as a percent of all private high school graduates	1,348	78.3%	+5.2%	
Total high school dropouts, 1997-1998 school year; as a percent of all students enrolled in high schools that year	**2,029**	3.0%	+1.7%	4.9%
● Public high school dropouts, 1997-1998 school year; as a percent of all students enrolled in public high schools that year	1,926	3.1%	+1.3%	
● Selected private high school dropouts, 1997-1998 school year; as a percent of all students enrolled in private high schools (with 60% or more publicly funded students) that year	103	2.0%	+12.8%	
Percent of teens aged 16-19 who are high school dropouts, three year average, 1995-1997		7%	+16.7%	10.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indicator's definition for an explanation of the exact change(s)
● New indicator

Photo by Marian Fowler

Photo by Laura Woodburn

Photo by Nancy Griffin

Child Health Care Access

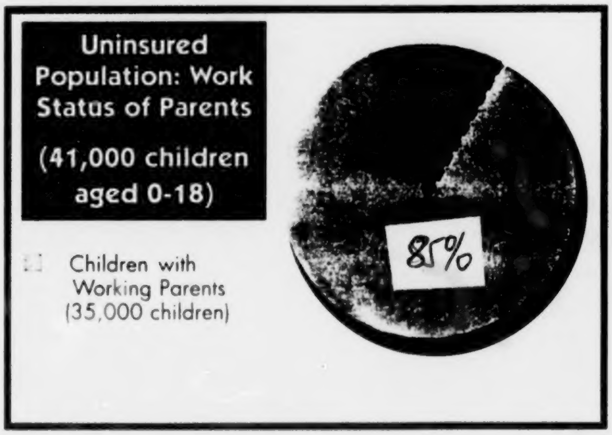
41,000 CHILDREN IN MAINE WITHOUT HEALTH INSURANCE

The most recent data regarding health insurance coverage among Maine's children, a five-year average of data collected each year from 1995-1999, indicates that 41,000 children ages birth to 18 are uninsured.[iv] Uninsured children are less likely than insured children to have routine access to a physician or primary care provider. This means that they are less likely to receive preventive care, and are less likely to receive care when they are injured or sick. Children who do not receive regular health and dental check-ups are at greater risk for long-term health related problems. Who are the uninsured children and what are the obstacles to obtaining coverage?

HEALTH INSURANCE STATUS AND FAMILY WORK STATUS

85% (35,000) of Maine's Uninsured Children Live In Working Families

Data from the U.S. Census Bureau indicate that **35,000 of the 41,000 uninsured children in Maine live in working families** (see pie chart, opposite). Parents of these children tend to work for small and/or family owned businesses, or are self-employed.[11] Many of these parents work for businesses that offer health insurance benefits for dependents, but parents do not purchase the coverage because they cannot afford the cost. The situation for working parents in Maine seems to mirror national trends that suggest that although the number of children with employer-based health insurance has been on the decline for several years, it is not because employers neglect to offer coverage. The reduction is more likely due to **changes in the balance of cost-sharing between employer and employee.**[12] According to a study published by the Kaiser Family Foundation, small business owners with fewer than 25 employees have been asking their employees to pay a larger share of the costs for dependent coverage. Many of these families do not purchase the coverage because they cannot afford their portion of the insurance premiums. It seems that some of these families earn too little to afford the cost of employer-based coverage, yet earn too much to qualify for Medicaid or other public programs. **We know that of these 35,000 uninsured children in working families, 60% (21,000 children) live in working families with annual incomes below 200% of poverty [v] and so would be eligible for state health insurance programs** (Medicaid and Cub Care). Roughly 14,000 uninsured children, then, live in working families whose incomes exceed eligibility levels for the Medicaid and Cub Care programs.



[iv] In the State and County Profile pages we report rates for children ages birth to 17. These are the commonly used KIDS COUNT statistics on health insurance coverage. However, since the State Child Health Insurance Program covers all children ages 18 and under, we include data here that have become available for children ages 18 and under. These rates are derived from a five-year average of the March Supplement to the Current Population Survey (CPS) for the years 1995-1999. We would like to note that rates for the two groups, 0-17 and 0-18, are almost identical for the population in Maine.

[v] The poverty threshold is frequently referred to as "100% of poverty." In 1998, the poverty threshold for a family of three was $13,880. Therefore, an annual income of $13,880 is "100% of poverty" for a family of three. "200% of poverty" indicates an income twice that, in this case $27,760 for a family of three.

HEALTH INSURANCE STATUS AND FAMILY INCOME LEVEL

The majority of our poorest children are insured, yet the majority of uninsured children are also poor children

Here we present information on the relationship between family income level and health insurance coverage (without regard to the work status of parents). The most recent figures, representing the five-year average of data collected each year between 1995-1999, indicate that 111,000 children aged 18 and under were classified as poor (living below the poverty threshold) or near poor (between 100-200% of poverty). We will refer to "poor/near poor" as low-income children, in keeping with language and data used elsewhere in the Data Book. Of these 111,000 low-income children, **26,000 (23%) were uninsured. In other words, roughly 85,000 (77% of) low-income children did have health insurance during this period.** This is good news. This tells us that:

- **The majority of low-income children are insured**

However, this also tell us that:

- **There are roughly 26,000 low-income children who lack health insurance yet are eligible for State Child Health Insurance Programs**

In addition, we also know that:

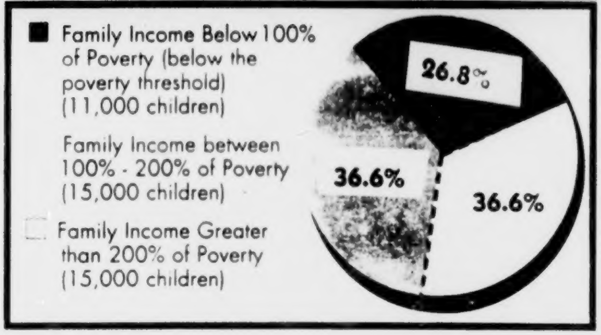
- **The majority of uninsured children are children in low-income families**

Recall that a total of 41,000 children (0-18) in Maine are uninsured. Of the uninsured population, 26,000 (63%) live in low-income families (below 200% of poverty). *[See pie chart]*

Health Insurance Coverage

	Number of children aged 0-18	Number without insurance	Percent without insurnace	Proportion of the uninsured population
Total Children Aged 0-18	303,000	41,000	14	
Work Status				
Children with Working Parents	269,000	35,000	13	85%
Poor and Near Poor (Below 200% of Poverty) Children with Working Parent(s)	82,000	21,000	26	51%
Poverty level				
Family Income Below 100% of Poverty (below the poverty threshold)	45,000	11,000	24	26.8%
Family Income between 100%-200% of Poverty	66,000	15,000	23	36.6%
Family Income Greater Than 200% of Poverty	191,000	15,000	8	36.6%

Uninsured Population: Family Income Level (41,000 children 0-18)



STATE CHILDREN'S HEALTH INSURANCE PROGRAMS (SCHIP)

The State Children's Health Insurance Program is a terrific example of public policy addressing the needs of children. The programs are reaching uninsured children in families whose income levels previously made them ineligible for public coverage. The eligibility expansions for both Medicaid and Cub Care are the direct result of policymakers' awareness of a) caseload declines in public assistance programs that outpace declines in the numbers of people in need, and b) for those with access to employer-based insurance, the increasing demands on employees to assume greater proportions of health care costs.

Medicaid

Although the health insurance coverage figures reported here are averages of the five-year period from 1995-1999, they align with figures regarding Medicaid coverage of Maine's children. For State Fiscal Year 1999 (July 1, 1998 – June 30, 1999),

- **85,792 children were enrolled in Medicaid.**

We are clearly making enormous gains in covering our neediest children.

Expanded Medicaid and Cub Care Enrollments

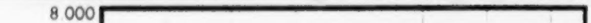
Data from the State Child Health Insurance Program's Expanded Medicaid and Cub Care Programs indicate that

- **7,000 previously uninsured children were enrolled between July 1998 and September 1999; the majority of these enrollments were to Medicaid** (see graph, opposite).

Above, we noted that for the years 1995-1999, an average of 26,000 children eligible for State Child Health Insurance Programs were without insurance. Because this number is an aggregated average, we can not determine at this time how much of a reduction will occur due to the recent enrollment of 7,000 previously uninsured children in state fiscal year 1999. Recently released national Census data for 1998 confirm that, nationwide, there has been no reduction in the number of children without health insurance. Researchers suggests that because Medicaid had been historically tied to welfare, when states started implementing welfare reform (after passage of the 1996 welfare reform law), many children and parents lost Medicaid coverage as well.[13] In Maine, there were 86,670 children enrolled in Medicaid in 1996; this number dropped to 76,937 in 1997. Nationally, there is evidence that in 1999, two years after the passage of the Children's Health Insurance Program (CHIP) in 1997, and three years after passage of national welfare reform, fewer children nationwide are enrolled in federally funded children's health programs than were enrolled in Medicaid alone in 1996. Maine is making great gains, however, as we have enrolled more and more children each year since the passage of CHIP, and have a greater number of children covered by Medicaid and Cub Care than we had enrolled in Medicaid in 1996. It could very well be that outreach efforts linked to Maine's SCHIP program are helping find children who were already eligible for Medicaid but were not enrolled.

For more information on the State CHIP program, you may call the Department of Human Services at 1-877-KIDS-NOW (1-877-543-7669) or the Covering Kids and Teens Hotline at 1-800-965-7476.

Expanded Medicaid and Cub Care Enrollment



DENTAL ACCESS

The Maine Dental Access Coalition was created in June 1997 to address issues related to accessing quality oral health care. The Coalition now has 90 members (including dentists and other health care providers, health educators and advocates, consumers, and representatives from state government). The mission of the Coalition is to promote the importance of preventive and restorative oral health care and improve access to quality oral health services throughout Maine. The work of the Coalition continues to be important to low-income Maine children whose families are unable to access the dental care they need, or to pay for it at the time services are delivered. The Coalition serves as a sounding board for ideas geared toward improving access and provides a collaborative structure for pursuing strategies and proposing options for change. In the last year, the Coalition and its members have helped bring attention to issues and problems related to access to dental care and participated in the development of successful legislation that can contribute to a long-term positive resolution.

Maine's infrastructure for oral health is minimal. Most dental services are provided through private practitioners, and resources, including dental professionals, are not well distributed throughout the state. Public health resources for dental care in Maine are limited. There are no dental schools in Maine; there are, however, two schools of dental hygiene, one in Portland and one in Bangor. These schools offer preventive services to the public while school is in session. Health departments in these two cities, as well as several non-profit clinics and a few community health centers in other areas, offer access to dental care, but services are often limited (e.g., preventive services only) and agencies often have income or other eligibility requirements. The numbers of children receiving services through these agencies is quite small in comparison to the need statewide. Nineteen areas in Maine and two state mental health facilities have been federally designated as Dental Health Professional Shortage Areas. Designations are based on dentist-to-population ratio and low-income population, as well as other characteristics such as fluoridation status and factors related to Maine's rural nature.

Without early preventive services, children may face significant oral health problems as they grow. Unfortunately, specific data about numbers of children who receive or lack appropriate care are not consistently available. Nonetheless, we know that various community needs assessments conducted in the past several years have invariably identified better access to affordable dental care as a top need.

In the 1999 KIDS COUNT Data Book, we provided our first report of the numbers of children who had received preventive care through the Maine Medicaid Program. That report indicated that in 1997, fewer than 275 of the 400 general practice dentists and pedodontists practicing in Maine offered preventive services to children with Medicaid coverage. We also reported that the Maine Department of Human Services was working toward improving many of the obstacles that may have prevented dentists from participating in the Medicaid Program. Those efforts have continued.

The table on the following page reports data for state fiscal year 1999. The table includes all dental services (whereas the 1999 Data Book provided information on preventive services only). These data indicate that 242, or 61.5% of Maine's general practice dentists offered services to children with Medicaid coverage. Of these 242 dentists, less than a third (28.5%) provided services to over three-quarters of these children (78.9%). In addition, data also indicate that 38 specialists such as orthodontists and oral surgeons submitted claims for over 5,900 children. General dentists may also have seen these children.

There is still much to be done to ensure that all children have access to oral health care services and can take full advantage of preventive measures, including education that can help get them off to a healthy start. The Maine Dental Access Coalition will continue its work through the new Maine Oral Health Partnership Project.

Note: the Department of Human Services offers information and assistance to both consumers and dentists through its HealthWorks toll-free telephone lines. If you are a consumer, you may call 1-800-977-6740; if you are a dentist, you may call 1-800-867-4775.

CHILDREN WITH MEDICAID COVERAGE SEEN BY GENERAL DENTISTS

July 1, 1998 – June 30, 1999*

Number of Medicaid Patients	Number of General Dentists	Percent of General Dentists	Number of Children Who Received Care	Percent of Children Who Received Care
1-10	46	19.0%	205	0.8%
11-50	82	33.9%	2,207	8.1%
51-100	45	18.6%	3,305	12.2%
101-500	55	22.7%	11,228	41.3%
501 & over	14	5.8%	10,229	37.6%
TOTAL	**242**	**100%**	**27,174**	**100%**

* Based on claims submitted to the Maine Medicaid Program for individuals under 21 years of age. In this table, dentists are counted by their provider identification numbers. It is possible that a single provider practices at different locations or for other reasons files claims with more than one identification number.

* Final numbers for this fiscal year may differ from those presented above, as they are based on actual paid claims. A different number of dentists may have submitted claims for dental services provided through the Medicaid program during either of the calendar years covered by this period of time, but if they did not submit at least one claim during the fiscal year, they are not counted in this table. Therefore, all numbers here should be considered approximations.

PEDIATRIC EMERGENCY DEPARTMENT USAGE IN RURAL AREAS

In the 1999 KIDS COUNT Data Book, we reported on a 1997 study provided by the Maine Health Information Center on "Pediatric Emergency Room Use for Selected Conditions."[14] Utilizing the Maine Health Data Organization's 1997 statewide hospital outpatient database this study indicated a strong inverse relationship between population density and emergency room usage rates. Areas of lower population density had higher ER visit rates for the conditions studied (ear infections, sore throat, colds, gastrointestinal infections, and asthma). In addition, the study found that children with public insurance (Medicaid) had much higher rates of ER usage for these conditions than did uninsured/self-pay children or insured children. The rate of use for children covered by Medicaid was 156.8 (per 1,000) – a figure four times greater than the rate for insured children (38.9). In addition, children under four years of age comprise the greatest numbers of ER visits [Please refer to the 1999 Maine KIDS COUNT Data Book for detailed information].

These results were not surprising, given that previous studies have identified significantly higher non-urgent ER visit rates among uninsured children and those covered by Medicaid. Children in these groups are less likely than insured children to have a primary care physician and so may use the ER for non-urgent conditions. Previous studies have also found that children living in rural areas have higher rates of hospital admissions, yet investigations of ER visit rates in rural areas are lacking. We were interested in further study in order to determine when and why rural, uninsured, and Medicaid covered children utilize the ER more frequently than others. Specifically, we were interested in uncovering the relative influences of insurance status and geography on ER visit rates (i.e., Do rural insured children use the ER more or less frequently than non-rural uninsured children?)

A follow-up study was completed in June 1999 by the Maine Health Information Center.[15] Again, this study utilized the statewide hospital outpatient data, provided by the MHDO, but now adjusted for differences in insurance status and age.

Over 26,000 ER visits for the selected conditions were studied; the baseline ER visit rate was 93.5 per 1,000 children. In short, after adjusting for population differences in age and insurance status, rural areas still had higher ER visit rates (119.1) than non-rural areas (71.1).

A second set of analyses was conducted using a database of insured children. The Maine Health Management Coalition (MHMC), a consortium of 30 large Maine employers, provided access to an employer-insured claims database. This database included information on over 36,000 Maine children, aged 0-17 in 1997. The MHMC members have a high proportion of employees in managed care (72%) and several employers have 24-hour nurse call line services. The inclusion of this database was a significant addition because the MHMC population, with a high proportion of children under managed care, was more likely to have access to primary care physicians.

Analysis of ER visit rates using the employer-insured database revealed lower ER visit rates, as one would hope to find in a managed care population. However, more notably, results from the geographical analysis of the employer-insured database virtually mirrored the results obtained by the hospital outpatient database: children in rural areas had higher ER visit rates than non-rural children.

In sum, the follow-up study found that regardless of insurance status, rural areas had higher pediatric Emergency Room visit rates, for the conditions studied, than non-rural areas. Now the question is: Why? And, how can we improve access to primary care services in rural areas? In order to answer these questions, it is clear we need more information. Presently, we are consulting with physicians, health care educators and advocates, and hospitals to try to understand the factors influencing high pediatric ER usage in rural areas. Are the visits avoidable? Are the conditions we selected for study appropriately defined as non-urgent in most cases? In other words, can we correctly assess urgency and non-urgency by only utilizing information about the resulting diagnosis?

There are many possible factors that may account for the results we have found, ranging from a lack of alternatives in rural areas, particularly after hours, to a lack of consumer education about existing and possibly sufficient alternatives. It is possible that this use of the ER is entirely appropriate given the availability of existing resources in rural areas. Obtaining data that provide information on the time of visit could contribute to answering these questions and making assessments about appropriate usage of resources. For example, it could be more cumbersome and costly to divert these emergency room visits to private physicians' offices if these visits are largely occurring after hours. If, however, these ER visits are largely due to a scarcity of functional resources for our rural families, and if these visits are truly "non-urgent," then we must work to provide alternatives to families in these areas.

Photo by Carolyn Dennett

In the next several pages, we present data on three populations of Maine children in need of particular attention and consideration. First, we report on a recent study of Maine gay, lesbian, and bisexual youth that indicates that these youth are at much higher risk than their peers for victimization, stigmatization, and suicidal ideation and attempt. Second, we report on initiatives that we hope will aid in ensuring appropriate and just treatment for two populations of at-risk children in Maine: youth in the juvenile justice system, and children with mental and behavioral health problems.

GAY, LESBIAN, AND BISEXUAL YOUTH IN MAINE

Researcher Diane Elze, Ph.D. recently completed a study that investigated the relationship between gay, lesbian, and bisexual adolescents' adjustment and the coping strategies they employ to manage problems related to their sexual orientation.[16] The study gathered data from 184 adolescents aged 13-18 from throughout Northern New England, roughly half of whom were from Maine. Although the sample size of Maine youth is small, this is a pioneering investigation with statistically reliable results, and so we have chosen to include it here.

The young people completed an extensive questionnaire that asked them about a range of issues including their comfort with their sexual orientation; perceptions of family, peer, and community support; perceptions of victimization and stigmatization; coping strategies; feelings of depression and anxiety; and suicidal ideation and attempts. Dr. Elze graciously provided the KIDS COUNT project with data regarding the youth from Maine. We will publish an Issue Paper this spring that will provide a more comprehensive report, but will highlight several important findings below.

First, there were several encouraging findings. Most youths in the present study reported very positive feelings about their sexual orientation, very positive attitudes about gay, lesbian, and bisexual people, and high self-esteem and peer support.

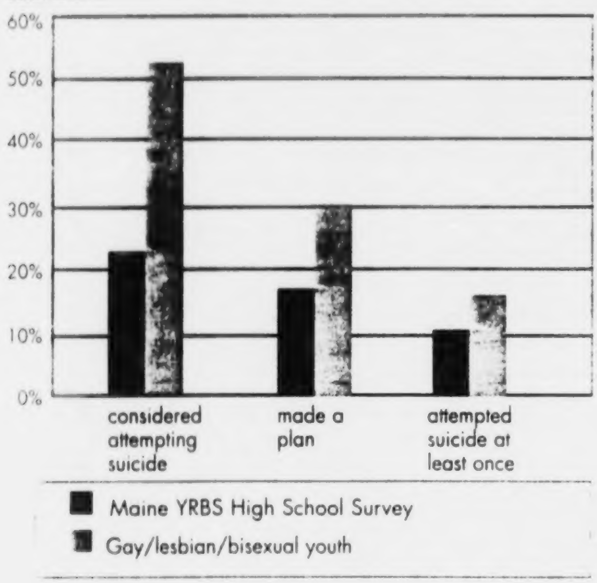
Regarding the youths' coping strategies, the study found that when faced with interpersonal problems related to their sexual orientation, the more the youths' utilized strategies such as getting help from parents or peers, or talking directly with the involved parties, the less likely they were to report problems with depression or anxiety.

This study's findings also point to the pervasiveness of victimization and a fairly large number of stressful events in the lives of gay, lesbian, and bisexual youths. Although verbal insults (55%) and threats (28%) constituted the two most common forms of victimization, many of the Maine youth reported having experienced more serious victimization in both their schools and communities, citing such acts as having objects thrown at them, damage to their property, and being assaulted, chased or spat upon. The pervasiveness of their victimization is fairly comparable to that found in other studies of gay, lesbian, and bisexual youth.

Regarding the youth's perception of stigmatization, Maine's youth rated their state as significantly more negative in its attitudes towards gay, lesbian, and bisexual people than did youth from Vermont and Massachusetts. It should be noted that the research began only months after the repeal on February 11, 1998 of the protected status of sexual orientation in the Maine Human Rights Act. These Maine youth witnessed the withdrawal of civil rights protections for gay, lesbian, and bisexual people. In contrast, Massachusetts is leading the nation in advocacy and services for sexual minority adolescents. Following the passage of a bill by the state legislature in 1993 that prohibited discrimination within public schools on the basis of sexual orientation, Massachusetts developed the Safe Schools Program, a state-funded, statewide network of school-based services for gay, lesbian, and bisexual youths. Youth are aware of what goes on in their communities, and this has an effect on how they perceive themselves and how they construct their social perceptions.

There are alarming findings regarding suicidality in this sample of Maine youth. For comparison purposes, we have included here the most recent results from the 1999 Youth Risk Behavior Survey (YRBS), administered by the Department of Education to Maine high school students. We, of course, do not have information about the sexual orientation of the students who completed the YRBS. However, given that the same questions were asked of these

SUICIDALITY IN TWO SAMPLES OF MAINE YOUTH



two samples of students, we thought it relevant to provide a point of comparison. It should be noted that other studies of gay, lesbian, and bisexual youth throughout the United States have found similar trends of greater suicidality in these youth. Elze found that 52% of gay, lesbian, and bisexual youth in Maine reported seriously thinking about attempting suicide in the last 12 months (compared to 22% in the sample of Maine high school students who completed the YRBS); 30% reported making a plan to commit suicide in the past 12 months (compared to 16.9% from the Maine YRBS); and 16% reported at least one attempt (compared to 10.5% from the Maine YRBS).

There were other significant findings particular to those youth in the study who reported having attempted suicide. These youth reported significantly less comfort with their sexual orientation than their peers who did not attempt. In addition, they also reported more negative school and community environments; more family stress; more stress related to their sexual orientation; and less peer support. In addition, these youth were of a lower socioeconomic status than their peers who did not attempt.

These findings suggest that gay, lesbian, and bisexual adolescents face risks associated with their sexual orientation, particularly regarding pervasive victimization and stigmatization. The results regarding successful coping strategies, however, underscore the importance of adults breaking the silence with adolescents around issues of sexuality. Youth fare much better when adults are seen as resources. Indeed, it is precisely the fear of victimization and stigmatization that often prevents many gay, lesbian, and bisexual adolescents from reaching out for help when faced with problems related to their sexual orientation.

The results of this study also point to the importance of providing resources and creating policies that will allow these youth to develop in an atmosphere conducive to feeling positive about their sexual orientation. Specifically, we must assist youth in developing active coping strategies so that they can address problems related to their sexual orientation in constructive ways. We must also create policies that will allow gay, lesbian, and bisexual adolescents to feel comfortable and secure within their families, schools, workplaces, and neighborhoods.

The Maine Children's Alliance is in the early stages of two initiatives that seek to address two exceptional populations of Maine children. Both of these initiatives will draw on and expand the data gathering and reporting capacity of the KIDS COUNT project.

THE MAINE YOUTH INITIATIVE

The Maine Youth Initiative endeavors to support changes in juvenile justice systems in order to improve services for youth. Today and every day in Maine, law enforcement will make an average of thirty-two arrests of children aged 10-17 years. Tomorrow will find approximately 2700 youths involved in the juvenile justice system; approximately 250 of these children are detained at (awaiting court appearance) or committed to (post-sentencing) the Maine Youth Center. In November 1998, Amnesty International issued a report entitled *Betraying the Young: Human Rights Violations Against Children in the U.S. Justice System.*[17] The report cited cases where children were held in gravely overcrowded facilities and were denied mental health and other critical services. The Maine Youth Center was included in the report. One particular concern regarding the Maine Youth Center specifically was a high incidence of the use of restraints and solitary confinement. Who are the children represented by the few but compelling statistics we see? Are we doing all we can to get them back on track and ensure their future well-being? These are the questions central to the **Maine Youth Initiative.**

Many observers and key stakeholders lament the lack of a unified public policy focus and attendant resources for the juvenile population. Cited is the relative isolation of juvenile justice issues from the mainstream of children's services plans and funding. A perception that youth in the juvenile justice system are exclusively the constituents of the Department of Corrections may inhibit the exploration of other creative approaches. For example, with few available community alternatives, judges and corrections professionals "often find their only sanctioning/treatment options to be placement in secure facilities...the most expensive and generally least effective response" (Maine Community Corrections Plan). This response offers some measure of accountability for behaviors as well as public protection but does little for the development of competencies necessary in an adult world. In fact, given that the majority of youth who come into contact with the juvenile justice system have committed non-violent offenses, one must wonder whether such limited sentencing options result in increased numbers of unsuitable incarcerations. And, if so, whether such treatment has a counterproductive impact on most youth in the system. Arrest rates alone tell us that in Maine, only 1.4% of juvenile arrests involved violent crime in 1998; and there were no arrests for murders by youth in this year.

Fortunately for youth, initial changes are happening at the Maine Youth Center and some innovative community programs have been established. Professionals and administrators are beginning to work across traditional boundaries of program eligibility and labels. We also know that reform efforts have been successful in other states, particularly those which advocate for a continuum of services, a high degree of collaboration between child serving agencies, and increased public/private partnerships. Much remains to be done, however. In order to support and contribute to these efforts to better serve our youth, the **Maine Youth Initiative** endeavors to collect and provide essential data that are currently either lacking or incomplete. To do so, we have constructed an action agenda with three major components:

- Establish a profile of Maine's juvenile justice population including demographics, education, socioeconomic background, involvement with various systems of care. This will be published as part of the KIDS COUNT project.
- Establish a profile of the current child and youth serving systems in terms of services, structure, capacity, costs, outcomes, trends, and ability to provide coordinated programs.
- Review promising practices and successful reform efforts in Maine communities and other states. Highlighted are public and community programs and interventions that work, why they work, and potential for adaptability to Maine's unique environments.

This baseline information will provide the framework for later project phases. The **Maine Youth Initiative** will devote later project phases to address longer-term issues shaped by the action agenda above. Major enabling and support activities for that agenda are:

- Identifying, tracking, and publishing commonly accepted indicators of system performance and youth development. This will be an ongoing function similar to the process used in our Kids Count Data Book.
- Assistance in recruiting public and financial support for model programs and promising practices.
- Supporting options for ongoing public involvement in developing and overseeing public policy.

One definition of *"do justice to"* is "To treat adequately, fairly, or with full appreciation"(American Heritage Dictionary). The **Maine Youth Initiative** seeks to help Maine's people do justice to nearly 3000 Maine youth, their families, and communities.

MENTAL AND BEHAVIORAL HEALTH PROJECT

The Maine Children's Alliance's second initiative, the **Mental and Behavioral Health Project,** will support a comprehensive system of services, from prevention to intervention, for all Maine's children with problems related to behavioral health and developmental disabilities.

Our project focuses on implementation of the legislatively mandated Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) "Plan for Children's Mental Health Services" (L.D. 1744, 1997 Resolve, Chapter 80). The plan culminated six months of intensive collaboration by Maine's state child serving agencies, legislators, providers of children's mental health services, parents of children with emotional and behavioral needs, and other interested parties. That plan and its companion document "A Plan for Delivery of Autism, Developmental Disabilities, and Mental Retardation Services for Children and Families" (1998) serve as the acknowledged framework for developing capacity and assessing progress towards a comprehensive system of care.

One of the central goals of the plan is the "functional integration of supports and services/easy access." Specifically, the system is to provide integrated services with linkages across all agencies and should include mechanisms for planning, designing and coordinating services. This is to be done within the context of a unified mission of the different child-serving agencies. What remains unclear is the impact the new system is having on the population it is meant to serve.

Although the system has only been in place for one full year, a comparison study of the following questions would help establish a) the current status and efficacy of the system, and b) suggestions for improvements to support a functioning integrated system:

1. Who is being served?
2. How has service delivery changed?
3. How are changes being implemented within and between agencies?
4. How is the integration of services being accomplished?
5. How are outcomes being measured?

We propose to address these questions by:

- Creating a benchmark of quantitative data to assess who is being served, the status of changes in service delivery implementation, whether barriers to service exist for certain populations [i.e. due to diagnosis, age, gender, insurance status, general health, family status, geography, etc.]. KIDS COUNT will publish this information
- Gathering both quantitative and qualitative data regarding capacity for and improvements in service delivery and linkages between state agencies
- Analyzing the plan to measure outcomes of the integrated system

Maine spends in the area of $200 million annually on developmental and behavioral health services. It is our belief that Maine now has a window of opportunity to capitalize on progress made, and can now work to build a strong foundation for the future. Our strategy involves the collection, analysis and dissemination of information focused on generating positive change.

Photo by Carol Inouye

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Photo by Lynn Davey

Photo by Brian Boyd

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Photo by Roland Pushard III

Photo by Pam Plourde

Maine State Profile

Physical and Mental Health	Number	Rate or Percent	Change from last book	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	85,792	28.9%	+4.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	393.0	1.32	+24.8%	
Live births for which prenatal care began in the first trimester, 1997	12,070	88.4%	-1.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	809	5.9%	+0.0%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	81	5.7	-1.7%	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	51.0	2.2	-0.4%	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	51.0	5.9	-1.3%	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	39.4	4.6	-4.9%	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	10.80	0.6	+0.0%	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	3,853	310.2	-8.6%	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	11,720	81.1	-8.5%	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	167	1.2	-12.1%	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	National Rate
Children aged 0 - 17 in Poverty, 1995	49,762	16.2%	-16.5%	20.8%
Median household income, 1995	$ 31,189		+8.6%	$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	22,356	7.5%	-9.0%	
Children aged 0-17 receiving food stamps, October 1999	35,360	11.9%	-12.2%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment				
Total Eligible (as % of total school enrollment)	66,895	31.71%	+1.2%	
Free	50,815	24.09%	+0.4%	
Reduced price	16,080	7.62%	+3.7%	
Unemployed persons aged 16 and over, annual average, 1998	28,700	4.4%	-18.5%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	692	8.1	-3.9%	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$11.41			

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Maine State Profile

Education and Learning	Number	Rate or percent	Change from last book	National Rate
Public School Fall enrollment, 1998-1999 School Year				
Total	210,981	100.%	**-0.8%**	
Grades K-8	151,059	71.6%	**-1.5%**	
Grades 9-12	59,922	28.4%	**+1.3%**	
Private School Fall enrollment, 1998-1999 School Year				
Total	16,001	100.0%	**+4.5%**	
Grades K-8	7156	44.7%	**+2.6%**	
Grades 9-12	8,845	55.3%	**+6.0%**	
Home Schooled students, 1998 annual average				
Total (Sum of averages)	3,322	100.0%	**+5.8%**	
Grades K-8	2,570	77.4%	**+4.3%**	
Grades 9-12	752	22.6%	**+11.2%**	
Total Public, Private, Home School	230,304		**-0.3%**	
Percent Public		91.6%	**-0.4%**	
Percent Private		6.9%	**4.8%**	
Percent Home School		1.4%	**+6.1%**	
High school dropouts, 1997-1998 school year, drop out rate	2,029	3.0%	**+1.0%**	
High school graduates planning to attend post-secondary school, 1997-1998 school year	7,545	60.5%	**+0.3%**	**65.0%**
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	34,306	151.14	**+2.1%**	

	Demographics	Number	Rate or per-cent
	Total Population - 1997 estimate	1,242,051	100.%
	Under 5 years old	69,425	5.6%
	5-17 years old	227,841	18.3%
	18-64 years old	771,521	62.1%
	65 years and over	173,264	13.9%
	Other age groupings:		
	0-17 years old	297,266	23.9%
	0-19 years old	331,256	26.7%
	10-17 years old	144,511	11.6%
●	18-24 years old	109,725	8.8%
▲	**Race and ethnicity of children 0-19, 1998 estimated**		
	White	319,140	97.8%
	Asian and Pacific Islander	3,102	1.0%
	American Indian	1,972	0.6%
	Black	2,046	0.6%
	Total	326,260	100.0%
●	Total Hispanic	3,163	1.0%

▲	The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s)
●	New indicator

Androscoggin County

Photo by Brian Boyd

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	7,841	31.7%	+10.2%	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	33.0	1.3	+27.3%	1.32	
Live births for which prenatal care began in the first trimester, 1997	1,008	88.8%	-1.6%	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	81	7.1%	+16.4%	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	9	7.0	-1.4%	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	4.4	2.2	+24.0%	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	6.0	8.3	+0.4%	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	5.0	6.9	+9.2%	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	1.40	0.94	+54.1%	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	339	335.5	+10.8%	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	1,844	157.0	-15.0%	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	33	3.3		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	4,435	17.2%	-18.9%	16.2%	20.8%
Median household income, 1995	$32,691		+8.6%		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	2,267	9.2%	-4.4%	7.5%	
Children aged 0-17 receiving food stamps, October 1999	3,503	14.2%	-8.5%	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	5,122	31.0%	-3.6%	31.71%	
Free	3,901	23.6%	-2.8%	24.09%	
Reduced price	1,221	7.4%	-6.3%	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	2,740	4.8%	-17.2%	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	85	11.6	-3.2%	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$10.25				

Androscoggin County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	State Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	16,523			100.%	100.%
Grades K-8	11,749	71.1%	-0.2%	71.6%	71.6%
Grades 9-12	4,774	28.9%	+0.4%	28.4%	28.4%
Private School Fall enrollment, 1998-1999 School Year					
Total	1,543			100.0%	100.0%
Grades K-8	1,077	69.8%	-5.1%	44.7%	44.7%
Grades 9-12	466	30.2%	+14.3%	55.3%	55.3%
Home Schooled students, 1998 annual average					
Total (Sum of averages)	294			100.0%	100.0%
Grades K-8	222.5	75.7%	-2.1%	77.4%	77.4%
Grades 9-12	71.5	24.3%	+7.3%	22.6%	22.6%
Total Public, Private, Home School	18,360				
Percent Public		90.0%	-0.3%	91.6%	91.6%
Percent Private		8.4%	+3.1%	6.9%	6.9%
Percent Home School		1.6%	+1.1%	1.4%	1.4%
High school dropouts, 1997-1998 school year, drop out rate	161	3.0%	-16.2%	3.0%	3.0%
High school graduates planning to attend post-secondary school, 1997-1998 school year	538	49.5%	-0.1%	60.5%	60.5%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	2,760	152.77	+0.3%	151.14	[illegible]

Demographics	Number	Rate or Percent	State Rate
Total Population - 1997 estimate	101,045	100.0%	100.0%
Under 5 years old	5,965	5.9%	5.6%
5-17 years old	18,732	18.5%	18.3%
18-64 years old	62,028	61.4%	62.1%
65 years and over	14,320	14.2%	13.9%
Other age groupings:			
0-17 years old	24,697	24.4%	23.9%
0-19 years old	27,778	27.5%	26.7%
10-17 years old	11,742	11.6%	11.6%
● 18-24 years old	9,951	9.8%	8.8%
▲ **Race and ethnicity of children 0-19, 1998 estimated**			
White	26,950	98.1%	97.8%
Asian and Pacific Islander	247	0.9%	1.0%
American Indian	59	0.2%	0.6%
Black	225	0.8%	0.6%
Total	27,481	100.0%	100.0%
● Total Hispanic	346	1.3%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

● New indicator

Aroostook County

Photo by Pamela McLean

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	7,575	40.1%	+13.2%	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	14.0	0.7	+33.6%	1.32	
Live births for which prenatal care began in the first trimester, 1997	642	89.0%	+0.5%	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	43	6.0%	+1.7%	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	5	5.7	+5.6%	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	1.4	0.9	-27.4%	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	4.2	7.4	+0.0	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	3.2	5.6	+2.6%	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	1.40	1.21	+42.4%	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	225	291.9	-19.2%	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	816	85.2	-10.2%	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	15	2.1		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	3,997	20.3%	-18,1%	16.2%	20.8%
Median household income, 1995	$26,161		+2.1%		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	1,424	7.5%	-15.4%	7.5%	
Children aged 0-17 receiving food stamps, October 1999	2,737	14.5%	-10.7%	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	5,715	43.5%	-5.0%	31.71%	
Free	4,225	32.1%	-8.4%	24.09%	
Reduced price	1,490	11.3%	+6.1%	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	2,600	7.1%	-25.3%	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	43	7.7	-6.8%	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$9.87				

Aroostook County

Education and Learning	Number	Rate or Percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	13,148			100.%	
Grades K-8	9,115	69.3%	+0.6%	71.6%	
Grades 9-12	4,033	30.7%	-1.4%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	18			100.0%	
Grades K-8	7	38.9%	-13.6%	44.7%	
Grades 9-12	11	61.1%	+11.1%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	200			100.0%	
Grades K-8	151.5	75.8%	-1.3%	77.4%	
Grades 9-12	48.5	32.0%	+5.9%	22.6%	
Total Public, Private, Home School	13,366				
Percent Public		98.4%	-0.1%	91.6%	
Percent Private		0.1%	-8.7%	6.9%	
Percent Home School		1.5%	+7.0%-	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	62	1.4%	13.4%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	657	67.5%	+7.2%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	1,888	143.40	+0.9%	151.14	

Demographics	Number	Rate or Percent	State Rate
Total Population - 1997 estimate	77,094	100.0%	100.0%
Under 5 years old	4,292	5.6%	5.6%
5-17 years old	14,619	19.0%	18.3%
18-64 years old	47,783	62.0%	62.1%
65 years and over	10,400	13.5%	13.9%
Other age groupings:			
0-17 years old	18,911	24.5%	23.9%
0-19 years old	20,934	27.2%	26.7%
10-17 years old	9,577	12.4%	11.6%
● 18-24 years old	7,094	9.2%	8.8%
▲ **Race and ethnicity of children 0-19, 1998 estimated**			
White	19,083	96.5%	97.8%
Asian and Pacific Islander	145	0.7%	1.0%
American Indian	271	1.4%	0.6%
Black	270	1.4%	0.6%
Total	19,769	100.0%	100.0%
● Total Hispanic	210	1.1%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s)

● New indicator

Cumberland County

Photo by Don Paradis

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	12,974	**23.2%**	*+8.7%*	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	110.0	**2.0**	*+22.4%*	1.32	
Live births for which prenatal care began in the first trimester, 1997	2,806	**92.5%**	*-1.5%*	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	172	**5.7%**	*+0.0%*	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	16	**5.4**	*+1.9%*	5.7%	7.2%
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	7.2	**1.6**	*-7.3%*	2.2	2.6%
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	6.2	**4.0**	*+6.1%*	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	4.8	**3.1**	*-0.7%*	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	5.00	**0.31**	*+24.0%*	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	895	**356.0**	*-9.2%*	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	2,072	**79.0**	*-11.2%*	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	24	**1.0**		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	7,057	**12,3%**	*-21.7%*	**16.2%**	20.8%
Median household income, 1995	$38,190		*+8.8%*		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	3,779	**6.7%**	*-3.6%*	7.5%	
Children aged 0-17 receiving food stamps, October 1999	5,556	**9.9%**	*-8.2%*	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	9,421	**22.1%**	*+2.7%*	31.71%	
Free	7,305	**17.1%**	*+3.9%*	24.09%	
Reduced price	2,116	**5.0%**	*-1.0%*	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	3,400	**2.4%**	*-17.2%*	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	103	**6.6**	*-4.5%*	**8.1**	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$12.75				

Cumberland County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	42,714			100.%	
Grades K-8	29,949	70.1%	-1.3%	71.6%	
Grades 9-12	12,765	29.9%	+3.1%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	4,091			100.0%	
Grades K-8	2,341	57.2%	-2.1%	44.7%	
Grades 9-12	1,750	42.8%	+2.9%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	373			100.0%	
Grades K-8	298	79.9%	-2.2%	77.4%	
Grades 9-12	74.5	20.0%	-10.8%	22.6%	
Total Public, Private, Home School	47,178				
Percent Public		90.5%	-0.4%	91.6%	
Percent Private		8.7%	+3.7%	6.9%	
Percent Home School		0.8%	+4.6%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	398	3.5%	-10.6%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	1,450	68.3%	+0.3%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	5,973	127.61	+1.0%	151.14	

	Demographics	Number	Rate or Percent	State Rate
	Total Population - 1997 estimate	251,438	100.0%	100.0%
	Under 5 years old	14,089	5.6%	5.6%
	5-17 years old	41,941	16.7%	18.3%
	18-64 years old	160,839	64.0%	62.1%
	65 years and over	34,569	13.7%	13.9%
	Other age groupings:			
	0-17 years old	56,030	22.3%	23.9%
	0-19 years old	63,113	25.1%	26.7%
	10-17 years old	26,227	10.4%	11.6%
●	18-24 years old	23,988	9.5%	8.8%
▲	**Race and ethnicity of children 0-19, 1998 estimated**			
	White	61,226	97.1%	97.8%
	Asian and Pacific Islander	1,063	1.7%	1.0%
	American Indian	199	0.3%	0.6%
	Black	569	0.9%	0.6%
	Total	63,057	100.0%	100.0%
●	Total Hispanic	711	1.1%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s)

● New indicator

Franklin County

Photo by Nancy Griffin

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	2,400	33.1%	-5.0%	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	8.0	1.1	+33.7%	1.32	
Live births for which prenatal care began in the first trimester, 1997	275	92.6%	+2.9%	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	14	4.7%	+27.0%	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	1	4.6	+35.3%	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	1.6	2.8	+0.9%	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997), rate per 10,000 children aged 15-19	1.2	4.8	+52.1%	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	0.6	2.4	+52.1%	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	0.60	1.27	+51.2%	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	92	317.1	+0.6%	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	338	93.9	+34.4%	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	0	0.0		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	1,326	17.8%	-13.2%	16.2%	20.8%
Median household income, 1995	$28,644		+5.3%		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	669	9.2%	+3.6%	7.5%	
Children aged 0-17 receiving food stamps, October 1999	1,053	14.5%	-12.0%	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	2,066	38.7%	+1.2%	31.71%	
Free	1,643	30.7%	+2.3%	24.09%	
Reduced price	423	7.9%	-2.6%	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	960	6.7%	-16.3%	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	17	7.2	-0.7%	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$9.61				

Franklin County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	5,345			100.%	
Grades K-8	3,720	69.6%	-1.7%	71.6%	
Grades 9-12	1,625	30.4%	+4.0%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	104			100.0%	
Grades K-8	18	17.3%		44.7%	
Grades 9-12	86	82.7%	-17.3%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	128			100.0%	
Grades K-8	92	71.9%	-2.0%	77.4%	
Grades 9-12	35.5	27.7%	-23.8%	22.6%	
Total Public, Private, Home School	5,577				
Percent Public		95.8%	-0.6%	91.6%	
Percent Private		1.9%	+49.1%	6.9%	
Percent Home School		2.3%	-3.4%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	39	2.5%	+60.1%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	216	62.3%	+2.7%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	838	153.79	-2.1%	151.14	

	Demographics	Number	Rate or Percent	State Rate
	Total Population - 1997 estimate	29,015	100.0%	100.0%
	Under 5 years old	1,597	5.5%	5.6%
	5-17 years old	5,659	19.5%	18.3%
	18-64 years old	17,979	62.0%	62.1%
	65 years and over	3,780	13.0%	13.9%
	Other age groupings:			
	0-17 years old	7,256	25.0%	23.9%
	0-19 years old	8,312	28.6%	26.7%
	10-17 years old	3,600	12.4%	11.6%
●	18-24 years old	2,941	10.1%	8.8%
▲	**Race and ethnicity of children 0-19, 1998 estimated**			
	White	8,008	99.1%	97.8%
	Asian and Pacific Islander	32	0.4%	1.0%
	American Indian	25	0.3%	0.6%
	Black	15	0.2%	0.6%
	Total	8,080	100.0%	100.0%
●	Total Hispanic	49	0.6%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

● New indicator

Hancock County

Photo by James R. Phillips

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	2,995	26.7%	+11.6%	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	16.0	1.4	+31.6%	1.32	
Live births for which prenatal care began in the first trimester, 1997	370	84.9%	-6.0%	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	20	4.6%	-23.3%	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	2	3.2	-5.9%	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997), rate per 10,000 children aged 1-14	1.6	1.7	-19.1%	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997), rate per 10,000 children aged 15-19	2.4	7.8	-20.6%	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	1.8	5.9	-25.6%	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	0.20	0.30	-50.8%	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	119	239.7	-4.3%	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	290	55.7	+8.9%	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	11	2.8		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	1,706	14.8%	-11.9%	16.2%	20.8%
Median household income, 1995	$31,438		+8.3%		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	523	4.7%	+1.3%	7.5%	
Children aged 0-17 receiving food stamps, October 1999	892	7.9%	-1.9%	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	2,465	30.1%	+2.0%	31.71%	
Free	1,767	21.6%	-1.3%	24.09%	
Reduced price	698	8.5%	+11.4%	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	1,380	5.1%	-13.6%	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	21	6.9	-8.4%	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$10.28				

Hancock County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	8,185			100.%	
Grades K-8	5,963	72.9%	-1.7%	71.6%	
Grades 9-12	2,222	27.1%	+4.9%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	577			100.0%	
Grades K-8	115	19.9%	-9.3%	44.7%	
Grades 9-12	462	80.1%	+2.6%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	143			100.0%	
Grades K-8	119.5	83.6%	-4.9%	77.4%	
Grades 9-12	23.5	16.4%	+18.7%	22.6%	
Total Public, Private, Home School	8,905				
Percent Public		91.9%	-0.5%	91.6%	
Percent Private		6.5%	+8.0%	6.9%	
Percent Home School		1.6%	+1.3%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	96	4.1%	+10.5%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	271	55.8%	+2.1%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	1,519	173.36	5.2%	151.14	

Demographics	Number	Rate or Percent	State Rate
Total Population - 1997 estimate	49,638	100.0%	100.0%
Under 5 years old	2,698	5.4%	5.6%
5-17 years old	8,530	17.2%	18.3%
18-64 years old	30,499	61.4%	62.1%
65 years and over	7,911	15.9%	13.9%
Other age groupings:			
0-17 years old	11,228	22.6%	23.9%
0-19 years old	12,456	25.1%	26.7%
10-17 years old	5,206	10.5%	11.6%
● 18-24 years old	3,985	8.0%	8.8%
▲ **Race and ethnicity of children 0-19, 1998 estimated**			
White	12,279	98.8%	97.8%
Asian and Pacific Islander	64	0.5%	1.0%
American Indian	49	0.4%	0.6%
Black	38	0.3%	0.6%
Total	12,430	100.0%	100.0%
● Total Hispanic	126	1.0%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

● New indicator

Kennebec County

Photo by Patrisha McLean

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	8,524	30.6%	+5.1%	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	41.0	1.5	+20.6%	1.32	
Live births for which prenatal care began in the first trimester, 1997	1,023	84.5%	-3.8%	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	61	5.0%	-13.8%	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	8	6.2	+19.2%	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	5.8	2.6	+17.8%	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	2.6	3.0	-24.0%	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	2.2	2.6	-27.1%	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	0.60	0.35	-39.7%	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	181	156.2	-29.4%	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	1,062	77.1	-17.4%	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	10	0.9		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	4,357	15.1%	-15.2%	16.2%	20.8%
Median household income, 1995	$33,478		+2.1%		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	1,902	6.8%	-16.8%	7.5%	
Children aged 0-17 receiving food stamps, October 1999	3,206	11.5%	-17.2%	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	6,182	31.3%	+1.7%	31.71%	
Free	4,757	24.1%	+0.1%	24.09%	
Reduced price	1,425	7.2%	+7.5%	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	3,090	5.2%	-11.9%	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	69	8.1	3.0%	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$9.85				

Kennebec County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	19,751			100.%	
Grades K-8	14,384	72.8%	-0.8%	71.6%	
Grades 9-12	5,367	27.2%	+2.1%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	1,637			100.0%	
Grades K-8	754	46.1%	-1.4%	44.7%	
Grades 9-12	883	53.9%	+1.2%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	233			100.0%	
Grades K-8	193	82.8%	+1.3%	77.4%	
Grades 9-12	40	17.2%	-22.9%	22.6%	
Total Public, Private, Home School	21,621				
Percent Public		91.4%	-0.6%	91.6%	
Percent Private		7.6%	+5.3%	6.9%	
Percent Home School		1.1%	+14.0%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	164	2.9%	+48.5%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	690	61.1%	-7.3%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	3,102	145.03	+2.7%	151.14	

	Demographics	Number	Rate or Percent	State Rate
	Total Population - 1997 estimate	115,885	100.0%	100.0%
	Under 5 years old	6,191	5.3%	5.6%
	5-17 years old	21,679	18.7%	18.3%
	18-64 years old	71,985	62.1%	62.1%
	65 years and over	16,030	13.8%	13.9%
	Other age groupings:			
	0-17 years old	27,870	24.0%	23.9%
	0-19 years old	31,488	27.2%	26.7%
	10-17 years old	13,771	11.9%	11.6%
●	18-24 years old	10,753	9.3%	8.8%
▲	**Race and ethnicity of children 0-19, 1998 estimated**			
	White	30,302	98.5%	97.8%
	Asian and Pacific Islander	247	0.8%	1.0%
	American Indian	109	0.4%	0.6%
	Black	120	0.4%	0.6%
	Total	30,778	100.0%	100.0%
●	Total Hispanic	245	0.8%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

● New indicator

Knox County

Photo by Brian Boyd

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	2,460	28.6%	+4.4%	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	13.0	1.5	+30.7%	1.32	
Live births for which prenatal care began in the first trimester, 1997	372	89.0%	+2.4%	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	22	5.3%	+6.0%	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	2	6.0	-14.3%	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	1	1.4	-15.9%	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	1.8	7.9	+11.6%	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	1.4	6.1	-13.2%	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	0.20	0.40	-50.6%	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	116	309.0	+6.3%	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	427	104.4	-16.9%	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	2	0.8		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	1,499	16.9%	-17.6%	16.2%	20.8%
Median household income, 1995	$30,923		+8.9%		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	582	6.8%	-3.3%	7.5%	
Children aged 0-17 receiving food stamps, October 1999	882	10.3%	-9.2%	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	1,464	25.7%	-7.9%	31.71%	
Free	1,072	18.8%	-7.6%	24.09%	
Reduced price	392	6.9%	-8.7%	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	660	3.3%	-21.4%	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	21	8.4	-1.7%	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$10.54				

Knox County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	5,704			100.%	
Grades K-8	4,195	73.5%	-1.8%	71.6%	
Grades 9-12	1,509	26.5%	+5.4%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	303			100.0%	
Grades K-8	266	87.8%	+2.1%	44.7%	
Grades 9-12	37	12.2%	-12.9%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	53			100.0%	
Grades K-8	41	77.4%	+2.5%	77.4%	
Grades 9-12	12	22.6%	-30.3%	22.6%	
Total Public, Private, Home School	6,060				
Percent Public		94.1%	-1.5%	91.6%	
Percent Private		5.0%	+40.9%	6.9%	
Percent Home School		0.9%	-0.5%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	38	2.4%	+65.8%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	166	63.9%	+7.2%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	734	122.19	4.9%	151.14	

	Demographics	Number	Rate or Percent	State Rate
	Total Population - 1997 estimate	37,543	100.0%	100.0%
	Under 5 years old	2,007	5.3%	5.6%
	5-17 years old	6,591	18.7%	18.3%
	18-64 years old	22,278	62.1%	62.1%
	65 years and over	6,667	13.8%	13.9%
	Other age groupings:			
	0-17 years old	8,598	22.9%	23.9%
	0-19 years old	9,388	25.0%	26.7%
	10-17 years old	4,091	10.9%	11.6%
●	18-24 years old	2,478	6.6%	8.8%
▲	**Race and ethnicity of children 0-19, 1998 estimated**			
	White	9,295	99.0%	97.8%
	Asian and Pacific Islander	35	0.4%	1.0%
	American Indian	36	0.4%	0.6%
	Black	21	0.2%	0.6%
	Total	9,387	100.0%	100.0%
●	Total Hispanic	79	0.8%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

● New indicator

Lincoln County

Photo by Nancy Griffin

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	1,770	23.7%	-1.0%	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	12.0	1.6	+6.4%	1.32	
Live births for which prenatal care began in the first trimester, 1997	281	87.3	1.2%	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	19	5.9%	+7.3%	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	1	4.4	+18.9%	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	0.4	0.7	+0.4%	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	1.8	8.7	-10.8%	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	1.4	6.8	-13.3%	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	0.40	0.92	-33.8%	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	48	151.9	-42.0%	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	100	26.6	-22.1%	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	1	0.5		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	1,081	14.1%	-14.5%	16.2%	20.8%
Median household income, 1995	$33,262		+6.1%		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	421	5.6%	-17.2%	7.5%	
Children aged 0-17 receiving food stamps, October 1999	674	9.0%	-15.0%	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	1,468	27.9%	-4.5%	31.71%	
Free	1,059	20.1%	-4.9%	24.09%	
Reduced price	409	7.8%	-3.5%	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	560	3.4%	-15.0%	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	17	8.0	-2.4%	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$10.15				

Lincoln County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	5,265			100.%	
Grades K-8	3,822	72.6%	-1.3%	71.6%	
Grades 9-12	1,443	27.4%	+3.6%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	604			100.0%	
Grades K-8	87	14.4%	+7.3%	44.7%	
Grades 9-12	517	85.6%	-1.1%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	124			100.0%	
Grades K-8	92	74.2%	-2.4%	77.4%	
Grades 9-12	32	25.8%	-18.2%	22.6%	
Total Public, Private, Home School	5,993				
Percent Public		87.9%	-1.1%	91.6%	
Percent Private		10.1%	+8.3%	6.9%	
Percent Home School		2.1%	+13.8%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	35	2.4%	-39.1%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	164	56.4%	-1.0%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	1,161	197.82	+3.0%	151.14	

	Demographics	Number	Rate or Percent	State Rate
	Total Population - 1997 estimate	31,601	100.0%	100.0%
	Under 5 years old	1,646	5.2%	5.6%
	5-17 years old	5,831	18.5%	18.3%
	18-64 years old	18,685	59.1%	62.1%
	65 years and over	5,439	17.2%	13.9%
	Other age groupings:			
	0-17 years old	7,477	23.7%	23.9%
	0-19 years old	8,133	25.7%	26.7%
	10-17 years old	3,757	11.9%	11.6%
●	18-24 years old	1,890	6.0%	8.8%
▲	**Race and ethnicity of children 0-19, 1998 estimated**			
	White	7,874	99.0%	97.8%
	Asian and Pacific Islander	23	0.3%	1.0%
	American Indian	44	0.6%	0.6%
	Black	11	0.1%	0.6%
	Total	7,952	100.0%	100.0%
●	Total Hispanic	68	0.9%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

● New indicator

Oxford County

Photo by Phil [illegible]

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	4,195	31.2%	*+2.2%*	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	10.0	0.7	*+30.3%*	1.32	
Live births for which prenatal care began in the first trimester, 1997	498	86.5%	*-3.6%*	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	44	7.6%	*+43.4%*	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	3	5.2	*-10.3%*	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	2.0	1.9	*-22.3%*	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	2.0	5.5	*-0.7%*	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	1.2	3.3	*-14.9%*	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	0	0	*n/a*	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	132	245.5	*+0.8%*	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	358	53.9	*-4.9%*	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	5	1.4		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	2,630	19.0%	*-14.4%*	16.2%	20.8%
Median household income, 1995	$28,924		*+7.2%*		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	1,169	8.7%	*-4.6%*	7.5%	
Children aged 0-17 receiving food stamps, October 1999	1,959	14.6%	*-10.2%*	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	4,221	41.9%	*+6.0%*	31.71%	
Free	3,182	31.6%	*+4.4%*	24.09%	
Reduced price	1,039	10.3%	*+11.3%*	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	1,570	6.0%	*-9.1%*	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	38	10.0	*-2.5%*	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$10.38				

Oxford County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	10,081			100.%	
Grades K-8	7,134	70.8%	-0.8%	71.6%	
Grades 9-12	2,947	29.2%	+2.1%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	1,306			100.0%	
Grades K-8	298	22.8%	-3.2%	44.7%	
Grades 9-12	1,008	77.2%	+1.0%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	229			100.0%	
Grades K-8	175.5	76.6%	+0.9%	77.4%	
Grades 9-12	53	23.1%	-27.0%	22.6%	
Total Public, Private, Home School	11,616				
Percent Public		86.8%	-0.4%	91.6%	
Percent Private		11.2%	+4.7%	6.9%	
Percent Home School		2.0%	-5.5%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	122	4.2%	+4.2%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	333	56.4%	+10.0%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	1,732	152.10	+0.9%	151.14	

	Demographics	Number	Rate or Percent	State Rate
	Total Population - 1997 estimate	53,776	100.0%	100.0%
	Under 5 years old	3,090	5.7%	5.6%
	5-17 years old	10,370	19.3%	18.3%
	18-64 years old	31,888	59.3%	62.1%
	65 years and over	8,428	15.7%	13.9%
	Other age groupings:			
	0-17 years old	13,460	25.0%	23.9%
	0-19 years old	14,567	27.1%	26.7%
	10-17 years old	6,646	12.4%	11.6%
●	18-24 years old	3,615	6.7%	8.8%
▲	**Race and ethnicity of children 0-19, 1998 estimated**			
	White	14,143	99.1%	97.8%
	Asian and Pacific Islander	59	0.4%	1.0%
	American Indian	35	0.2%	0.6%
	Black	38	0.3%	0.6%
	Total	14,275	100.0%	100.0%
●	Total Hispanic	120	0.8%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

● New indicator

Penobscot County

Photo by Michelle Lea Richard

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	10,874	**32.4%**	*+6.2%*	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	45.0	**1.3**	*+23.7%*	1.32	
Live births for which prenatal care began in the first trimester, 1997	1,409	**88.5%**	*-2.5%*	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	91	**5.7%**	*-16.2%*	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	9	**5.9**	*-9.2%*	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	8.4	**3.2**	*+21.9%*	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	5.6	**4.9**	*+13.2%*	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	4	**3.5**	*+26.3%*	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	2.00	**0.93**	*+102.2%*	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	443	**309.1**	*-15.1%*	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	1,342	**80.4**	*-5.5%*	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	19	**1.2**		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	6,671	**19.1%**	*-9.9%*	**16.2%**	20.8%
Median household income, 1995	$30,860		*+5.0%*		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	3,278	**9.8%**	*-13.6%*	**7.5%**	
Children aged 0-17 receiving food stamps, October 1999	4,425	**13.2%**	*-17.1%*	**11.9%**	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	8,764	**36.0%**	*+8.3%*	**31.71%**	
Free	6,941	**28.5%**	*+7.8%*	**24.09%**	
Reduced price	1,823	**7.5%**	*+10.4%*	**7.62%**	
Unemployed persons aged 16 and over, annual average, 1998	3,370	**4.5%**	*-23.7%*	**4.4%**	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	68	**6.5**	*-4.3%*	**8.1**	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$9.97				

Penobscot County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	24,344			100.%	
Grades K-8	16,827	69.1%	-0.7%	71.6%	
Grades 9-12	7,517	30.9%	+1.5%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	1,254			100.0%	
Grades K-8	512	40.8%	-3.3%	44.7%	
Grades 9-12	742	59.2%	+2.4%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	417			100.0%	
Grades K-8	322.5	77.3%	-3.0%	77.4%	
Grades 9-12	94.5	22.7%	-10.9%	22.6%	
Total Public, Private, Home School	26,015				
Percent Public		93.6%	-0.3%	91.6%	
Percent Private		4.8%	+4.2%	6.9%	
Percent Home School		1.6%	+8.6%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	242	3.1%	-5.3%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	1,022	63.7%	-0.2%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	3,743	146.22	+0.1%	151.14	

	Demographics	Number	Rate or Percent	State Rate
	Total Population - 1997 estimate	143,300	100.0%	100.0%
	Under 5 years old	7,573	5.3%	5.6%
	5-17 years old	26,007	18.1%	18.3%
	18-64 years old	92,184	64.3%	62.1%
	65 years and over	17,536	12.2%	13.9%
	Other age groupings:			
	0-17 years old	33,580	23.4%	23.9%
	0-19 years old	38,709	27.0%	26.7%
	10-17 years old	16,684	11.6%	11.6%
●	18-24 years old	16,022	11.2%	8.8%
▲	**Race and ethnicity of children 0-19, 1998 estimated**			
	White	36,601	97.4%	97.8%
	Asian and Pacific Islander	340	0.9%	1.0%
	American Indian	409	1.1%	0.6%
	Black	213	0.6%	0.6%
	Total	37,563	100.0%	100.0%
●	Total Hispanic	288	0.8%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

● New indicator

Piscataquis County

Photo by Felicia Baril

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	1,536	33.7%	+3.2%	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	5.0	1.1	+29.1%	1.32	
Live births for which prenatal care began in the first trimester, 1997	148	87.1%	+6.5%	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	10	5.9%	-6.3%	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	1	6.9	+102.9%	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	0.8	2.3	-18.2%	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	0.6	4.4	-24.8%	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	0.4	2.9	-33.2%	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	0.20	0.71	-66.7%	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	40	218.4	+8.2%	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	143	58.8	+204.5%	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	2	1.7		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	996	21.1%	-8.7%	16.2%	20.8%
Median household income, 1995	$26,523		+3.0%		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	343	7.5%	-20.0%	7.5%	
Children aged 0-17 receiving food stamps, October 1999	578	12.7%	-18.8%	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	1,563	51.3%	+1.8%	31.71%	
Free	1,148	37.7%	+0.1%	24.09%	
Reduced price	415	13.6%	+6.7%	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	540	6.5%	19.8%	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	12	8.5	+3.8%	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$9.92				

Piscataquis County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	3,048			100.%	
Grades K-8	2,296	75.3%	-0.4%	71.6%	
Grades 9-12	752	24.7%	+1.3%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	480			100.0%	
Grades K-8	0	0.0%	0.0%	44.7%	
Grades 9-12	480	100.0%	0.0%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	70			100.0%	
Grades K-8	47	67.1%	+13.6%	77.4%	
Grades 9-12	23	32.9%	-52.5%	22.6%	
Total Public, Private, Home School	3598				
Percent Public		84.7%	-0.8%	91.6%	
Percent Private		13.3%	+1.7%	6.9%	
Percent Home School		1.9%	+30.8%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	32	4.1%	+24.6%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	100	68.0%	+31.1%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	421	119.33	-5.7%	151.14	

	Demographics	Number	Rate or Percent	State Rate
	Total Population - 1997 estimate	18,315	100.0%	100.0%
	Under 5 years old	902	4.9%	5.6%
	5-17 years old	3,662	20.0%	18.3%
	18-64 years old	10,682	58.3%	62.1%
	65 years and over	3,069	16.8%	13.9%
	Other age groupings:			
	0-17 years old	4,564	24.9%	23.9%
	0-19 years old	4,957	27.1%	26.7%
	10-17 years old	2,430	13.3%	11.6%
●	18-24 years old	1,162	6.3%	8.8%
▲	**Race and ethnicity of children 0-19, 1998 estimated**			
	White	4,752	98.5%	97.8%
	Asian and Pacific Islander	34	0.7%	1.0%
	American Indian	20	0.4%	0.6%
	Black	16	0.3%	0.6%
	Total	4,823	100.0%	100.0%
●	Total Hispanic	33	0.7%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

● New indicator

Sagadahoc County

Photo by Nancy Griffin

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	1,667	18.8%	+1.6%	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	11.0	1.2	+15.1%	1.32	
Live births for which prenatal care began in the first trimester, 1997	315	85.8%	-3.1%	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	17	4.6%	-29.2%	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	2	5.8	-3.3%	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	0.8	1.1	-32.5%	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	1.4	6.4	-13.7%	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	1	4.6	-29.5%	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	0.40	0.84	-1.2%	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	129	361.7	-40.0%	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	263	64.4	-18.9%	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	2	0.7		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	1002	11.1%	-16.5%	16.2%	20.8%
Median household income, 1995	$37,251		+2.8%		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	528	6.0%	+14.5%	7.5%	
Children aged 0-17 receiving food stamps, October 1999	789	8.9%	-2.3%	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	1,335	20.1%	-6.6%	31.71%	
Free	958	14.4%	+0.4%	24.09%	
Reduced price	397	6.0%	-16.5%	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	490	3.2%	-20.0%	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	15	6.4	-16.7%	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$12.75				

Sagadahoc County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	6,640			100.%	
Grades K-8	4,611	69.4%	-1.3%	71.6%	
Grades 9-12	2,029	30.6%	+3.1%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	243			100.0%	
Grades K-8	6	2.5%	-72.3%	44.7%	
Grades 9-12	237	97.5%	+7.1%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	135			100.0%	
Grades K-8	115	85.2%	+2.9%	77.4%	
Grades 9-12	19.5	14.4%	-30.7%	22.6%	
Total Public, Private, Home School	7,018				
Percent Public		94.6%	+0.1%	91.6%	
Percent Private		3.5%	+2.7%	6.9%	
Percent Home School		1.9%	-7.1%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	72	3.6%	+30.7%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	228	50.2%	-12.9%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	1,320	191.78	2.1%	151.14	

Demographics	Number	Rate or Percent	State Rate
Total Population - 1997 estimate	35,663	100.0%	100.0%
Under 5 years old	2,294	6.4%	5.6%
5-17 years old	6,577	18.4%	18.3%
18-64 years old	22,691	63.6%	62.1%
65 years and over	4,101	11.5%	13.9%
Other age groupings:			
0-17 years old	8,871	24.9%	23.9%
0-19 years old	9,720	27.3%	26.7%
10-17 years old	4,084	11.5%	11.6%
● 18-24 years old	3,058	8.6%	8.8%
▲ **Race and ethnicity of children 0-19, 1998 estimated**			
White	9,366	97.2%	97.8%
Asian and Pacific Islander	113	1.2%	1.0%
American Indian	18	0.2%	0.6%
Black	134	1.4%	0.6%
Total	9,631	100.0%	100.0%
● Total Hispanic	150	1.6%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

● New indicator

Somerset County

Photo by Judy Gregory

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	5,061	37.1%	-3.5%	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	11.0	0.8	+32.4%	1.32	
Live births for which prenatal care began in the first trimester, 1997	491	82.9%	+2.1%	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	43	7.3%	-18.9%	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	4	6.8	-1.4%	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	2.8	2.7	-12.8%	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	4.2	11.1	-12.5%	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	3	8.0	-21.0%	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	0.60	0.77	-40.3%	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	207	396.4	+27.7%	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	371	53.4	+16.0%	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	17	4.2		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	3,186	22.7%	-12.7%	16.2%	20.8%
Median household income, 1995	$26,536		+1.4%		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	1,209	8.9%	-11.3%	7.5%	
Children aged 0-17 receiving food stamps, October 1999	2,454	18.0%	-12.2%	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	4,038	47.3%	+5.1%	31.71%	
Free	3,145	36.9%	+1.2%	24.09%	
Reduced price	893	10.5%	+21.5%	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	1,900	7.4%	-18.7%	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	41	10.8	-10.9%	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$9.36				

Somerset County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	8,531			100.%	
Grades K-8	5,930	69.5%	+0.3%	71.6%	
Grades 9-12	2,601	30.5%	-0.6%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	765			100.0%	
Grades K-8	205	26.8%	-1.1%	44.7%	
Grades 9-12	560	73.2%	+0.4%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	203			100.0%	
Grades K-8	162	79.8%	+1.9%	77.4%	
Grades 9-12	40.5	20.0%	-28.1%	22.6%	
Total Public, Private, Home School	9,499				
Percent Public		89.8%	-0.5%	91.6%	
Percent Private		8.1%	+1.8%	6.9%	
Percent Home School		2.1%	+17.9%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	108	3.9%	+11.9%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	274	46.3%	-11.3%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	1,669	179.54	+3.6%	151.14	

	Demographics	Number	Rate or Percent	State Rate
	Total Population - 1997 estimate	52,220	100.0%	100.0%
	Under 5 years old	2,894	5.5%	5.6%
	5-17 years old	10,733	20.6%	18.3%
	18-64 years old	31,515	60.4%	62.1%
	65 years and over	7,078	13.6%	13.9%
	Other age groupings:			
	0-17 years old	13,627	26.1%	23.9%
	0-19 years old	14,886	28.5%	26.7%
	10-17 years old	6,953	13.3%	11.6%
●	18-24 years old	4,009	7.7%	8.8%
▲	**Race and ethnicity of children 0-19, 1998 estimated**			
	White	14,678	99.0%	97.8%
	Asian and Pacific Islander	55	0.4%	1.0%
	American Indian	55	0.4%	0.6%
	Black	41	0.3%	0.6%
	Total	14,829	100.0%	100.0%
●	Total Hispanic	89	0.6%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

● New indicator

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Waldo County

Photo by Carolyn Dennett

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	2,822	30.5%	-2.9%	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	7.0	0.8	+9.7%	1.32	
Live births for which prenatal care began in the first trimester, 1997	334	88.6%	+1.4%	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	28	7.4%	+1.4%	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	1	2.0	-31.0%	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	1.4	2.0	0.0%	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	2.2	8.4	+35.7%	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	1.6	6.1	+12.8%	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	0.40	0.74	+94.7%	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	80	222.1	+42.1%	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	159	34.3	+5.9%	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	0	0.0		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	2,110	22.2%	-14.0%	16.2%	20.8%
Median household income, 1995	$27,665		+8.2%		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	733	7.9%	-13.9%	7.5%	
Children aged 0-17 receiving food stamps, October 1999	1,252	13.5%	-20.0%	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	2,566	44.1%	-0.6%	31.71%	
Free	2,038	35.0%	+0.5%	24.09%	
Reduced price	528	9.1%	-4.5%	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	1,040	5.2%	-13.3%	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	27	10.5	-6.6%	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$11.81				

Waldo County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	5,815			100.%	
Grades K-8	4,341	74.7%	-1.1%	71.6%	
Grades 9-12	1,474	25.3%	+3.5%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	19			100.0%	
Grades K-8	19	100.%	0.0%	44.7%	
Grades 9-12	0	0.0%	0.0%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	149			100.0%	
Grades K-8	107	71.8%	-6.3%	77.4%	
Grades 9-12	41.5	27.9%	-8.8%	22.6%	
Total Public, Private, Home School	5,983				
Percent Public		97.2%	-0.6%	91.6%	
Percent Private		0.3%	-1.7%	6.9%	
Percent Home School		2.5%	+34.4%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	55	3.6%	+1.4%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	148	58.5%	+2.8%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	998	171.07	+3.6%	151.14	

Demographics	Number	Rate or Percent	State Rate
Total Population - 1997 estimate	36,020	100.0%	100.0%
Under 5 years old	2,042	5.7%	5.6%
5-17 years old	7,217	20.0%	18.3%
18-64 years old	21,858	60.7%	62.1%
65 years and over	4,903	13.6%	13.9%
Other age groupings:			
0-17 years old	9,259	25.7%	23.9%
0-19 years old	10,126	28.1%	26.7%
10-17 years old	4,639	12.9%	11.6%
● 18-24 years old	2,669	7.4%	8.8%
▲ **Race and ethnicity of children 0-19, 1998 estimated**			
White	10,079	99.0%	97.8%
Asian and Pacific Islander	37	0.4%	1.0%
American Indian	37	0.4%	0.6%
Black	24	0.2%	0.6%
Total	10,177	100.0%	100.0%
● Total Hispanic	97	1.0%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

● New indicator

Washington County

Photo by Angela Clegg

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	3,935	45.1%	+2.7%	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	10.0	1.1	+36.5%	1.32	
Live births for which prenatal care began in the first trimester, 1997	288	81.4%	-2.7%	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	13	3.7%	-27.5%	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	1	3.5	-52.1%	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	4.2	6.2	-4.1%	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	3.0	11.2	+7.9%	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	2.6	9.7	+9.1%	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	0.60	1.11	0.0%	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	81	225.1	-31.5%	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	191	42.2	-10.1%	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	2	0.7		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	2,432	26.9%	-12.4%	16.2%	20.8%
Median household income, 1995	$24,688		+7.3%		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	712	8.2%	-21.6%	7.5%	
Children aged 0-17 receiving food stamps, October 1999	1,377	15.8%	-17.0%	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	2,813	51.9%	-3.1%	31.71%	
Free	2,174	40.1%	-6.4%	24.09%	
Reduced price	639	11.8%	+9.7%	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	1,530	9.4%	-14.5%	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	22	8.5	-1.4%	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$9.54				

Washington County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	5,417			100.%	
Grades K-8	3,954	73.0%	-3.5%	71.6%	
Grades 9-12	1,463	27.0%	+10.0%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	433			100.0%	
Grades K-8	104	24.0%	+17.8%	44.7%	
Grades 9-12	329	76.0%	-4.6%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	92			100.0%	
Grades K-8	72	78.3%	-1.1%	77.4%	
Grades 9-12	19.5	21.2%	-19.5%	22.6%	
Total Public, Private, Home School	5,942				
Percent Public		91.2%	-0.8%	91.6%	
Percent Private		7.3%	+10.5%	6.9%	
Percent Home School		1.5%	+0.8%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	61	3.8%	+27.3%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	210	59.3%	+1.3%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	1,007	172.14	+5.6%	151.14	

	Demographics	Number	Rate or Percent	State Rate
	Total Population - 1997 estimate	49,638	100.0%	100.0%
	Under 5 years old	2,698	5.4%	5.6%
	5-17 years old	8,530	17.2%	18.3%
	18-64 years old	30,499	61.4%	62.1%
	65 years and over	7,911	15.9%	13.9%
	Other age groupings:			
	0-17 years old	11,228	22.6%	23.9%
	0-19 years old	12,456	25.1%	26.7%
	10-17 years old	5,206	10.5%	11.6%
●	18-24 years old	3,985	8.0%	8.8%
▲	**Race and ethnicity of children 0-19, 1998 estimated**			
	White	12,279	98.8%	97.8%
	Asian and Pacific Islander	64	0.5%	1.0%
	American Indian	49	0.4%	0.6%
	Black	38	0.3%	0.6%
	Total	12,430	100.0%	100.0%
●	Total Hispanic	126	1.0%	1.0%

▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

● New indicator

York County

Photo by Lynn Davey

Physical and Mental Health	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0-17 participating in Medicaid, Jul 98-Jun 99	9,163	21.3%	-1.1%	28.9%	19.8%
General practice dentists; full time equivalent rate per 1,000 children aged 0-17, 1998	47.0	1.1	+38.1%	1.32	
Live births for which prenatal care began in the first trimester, 1997	1,810	88.0%	-1.2%	88.4%	81.8%
Low birth weight infants; live births under 2,500 grams (5.5 pounds) as a percent of all live births, 1997	131	6.4%	+30.6%	5.9%	7.5%
Infant mortality rate; five-year average 1993-1997 rate per 1,000 live births	14	6.7	+6.3%	5.7	7.2
Child deaths (ages 1-14), five-year average (1993-1997); rate per 10,000 children aged 1-14	7.2	2.1	-2.4%	2.2	2.6
Teen deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	5.8	5.2	-7.6%	5.9	7.9
Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19	5	4.5	-11.8%	4.6	6.2
Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 10,000 children aged 10-19	0.80	0.34	-20.9%	0.6	.55
Domestic assaults reported to police, 1998; rate per 100,000 population	726	418.4	-2.5%	310.2	
Arrests of children, aged 10-17, 1998; rate per 1,000 children aged 10-17	1,944	94.4	-6.4%	81.1	
Arrests of children aged 10-17 for crimes against persons, 1998; rate per 1,000 children aged 10-17	24	1.8		1.2	4.7

Social and Economic Opportunity	Number	Rate or Percent	Change from last book	State Rate	National Rate
Children aged 0 - 17 in Poverty, 1995	5,278	11.9%	-19.6%	16.2%	20.8%
Median household income, 1995	$37,896		+5.2%		$ 34,076
Children on TANF (Temporary Assistance for Needy Families), October 1999	2,817	6.5%	-8.0%	7.5%	
Children aged 0-17 receiving food stamps, October 1999	4,023	9.3%	-15.2%	11.9%	
School children receiving subsidized school lunch, 1998-1999 school year, as a percent of total public school enrollment					
Total Eligible (as % of total school enrollment)	7,672	25.2%	+0.2%	31.71%	
Free	5,500	18.1%	-0.5%	24.09%	
Reduced price	2,172	7.1%	+2.0%	7.62%	
Unemployed persons aged 16 and over, annual average, 1998	2,880	3.1%	-18.4%	4.4%	4.5%
Births to unmarried teenaged mothers who have not completed 12 years of school; five-year average 1993-1997, rate per 1,000 females aged 10-19	93	8.1	-3.4%	8.1	
● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999	$12.41				

York County

Education and Learning	Number	Rate or percent	Change from last book	State Rate	National Rate
Public School Fall enrollment, 1998-1999 School Year					
Total	30,470			100.%	
Grades K-8	23,069	75.7%	-0.7%	71.6%	
Grades 9-12	7,401	24.3%	+2.1%	28.4%	
Private School Fall enrollment, 1998-1999 School Year					
Total	2,624			100.0%	
Grades K-8	1,347	51.3%	-1.4%	44.7%	
Grades 9-12	1,277	48.7%	+1.5%	55.3%	
Home Schooled students, 1998 annual average					
Total (Sum of averages)	483			100.0%	
Grades K-8	359.5	74.4%	-3.3%	77.4%	
Grades 9-12	123	25.5%	-14.9%	22.6%	
Total Public, Private, Home School	33,577				
Percent Public		90.7%	-0.3%	91.6%	
Percent Private		7.8%	+2.6%	6.9%	
Percent Home School		1.4%	+7.9%	1.4%	
High school dropouts, 1997-1998 school year, drop out rate	242	2.7%	-2.2%	3.0%	
High school graduates planning to attend post-secondary school, 1997-1998 school year	1,078	60.8%	+3.6%	60.5%	65.0%
Children with Disabilities age 3-21 as reported to the Department of Education; rate per 1,000 students enrolled in public and private schools, 1998-1999 school year	5,419	163.75	+0.9%	151.14	

	Demographics	Number	Rate or Percent	State Rate
	Total Population - 1997 estimate	173,512	100.0%	100.0%
	Under 5 years old	10,331	6.0%	5.6%
	5-17 years old	32,777	18.9%	18.3%
	18-64 years old	107,437	61.9%	62.1%
	65 years and over	22,967	13.2%	13.9%
	Other age groupings:			
	0-17 years old	43,108	24.8%	23.9%
	0-19 years old	47,032	27.1%	26.7%
	10-17 years old	20,583	11.9%	11.6%
●	18-24 years old	13,246	7.6%	8.8%
▲	**Race and ethnicity of children 0-19, 1998 estimated**			
	White	45,650	98.0%	97.8%
	Asian and Pacific Islander	576	1.2%	1.0%
	American Indian	94	0.2%	0.6%
	Black	270	0.6%	0.6%
	Total	46,590	100.0%	100.0%
●	Total Hispanic	469	1.0%	1.0%

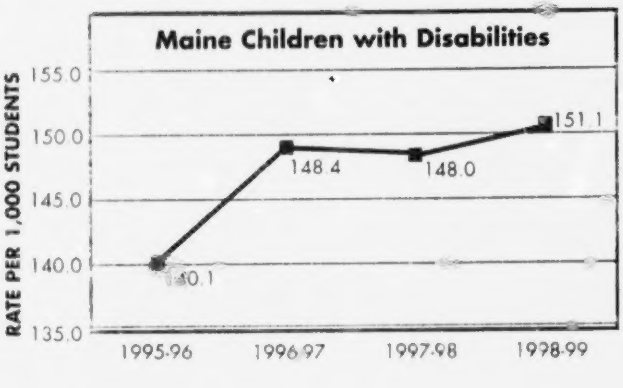
▲ The indicator has changed from that used in last year's Data Book. Please see each indictor's definition for an explanation of the exact change(s).

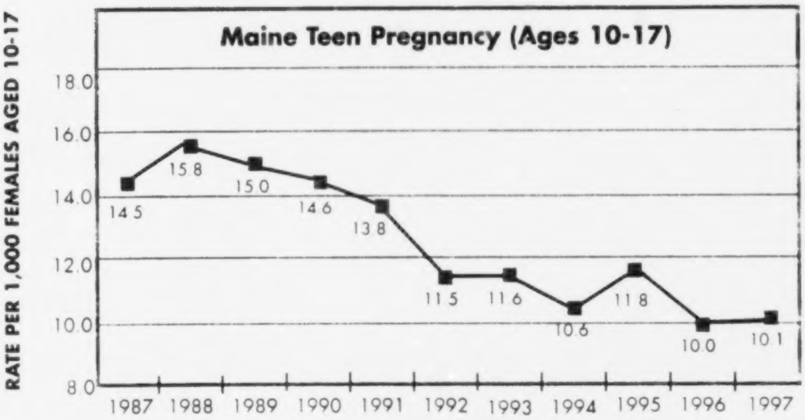
● New indicator

State Level Trend Data

Children with a variety of disabilities, including learning disabilities, behavior impairments, speech and language impairments and developmental disabilities, receive supplemental services from their schools. The percent of all children enrolled in school who receive such service has been increasing over the last four school years. **In 1995-1996, the Division began to include students from the Chapter 1 Handicapped Program in their counts. We report from that time as previous years' data would not be comparable

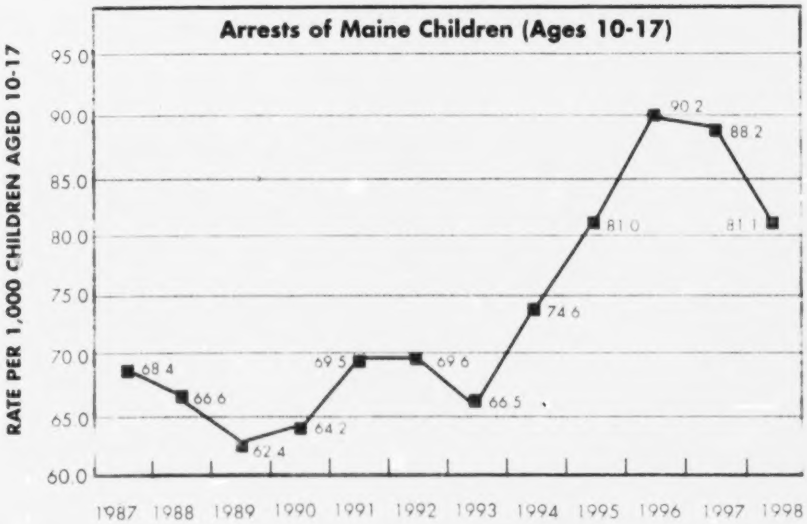
Source: Maine Department of Education, Division of Special Services





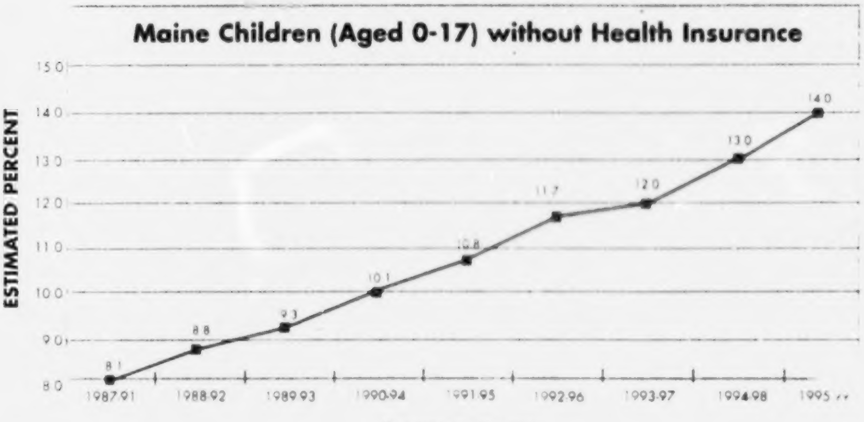
Teen pregnancy places both the young mother and her child at risk for a variety of medical, social, and economic problems. Rates are shown for 10 through 17 years olds, for whom the risk of problems is greatest. After declining for a number of years, the rate of pregnancy for this age group rose slightly in 1995, but declined to its lowest rates in 1996-1997.

Source: Maine Department of Human Services, Office of Data, Research, and Vital Statistics

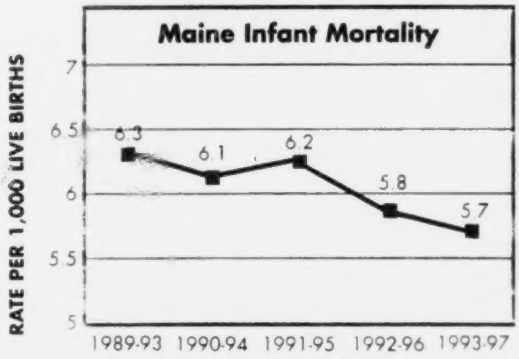


Children and adolescents who are arrested have often committed previoius minor infractions noted by their parents, teachers, or neighbors. While showing a significant decline in 1998, the overall rate of arrests for Maine children and adolescents continues to be a concern.* 1998 rate is calculated according to 1997 population data, the most recent data available. All other rates are calculated with that year's population data.

Source: Maine Department of Public Safety, Uniform Crime Reports

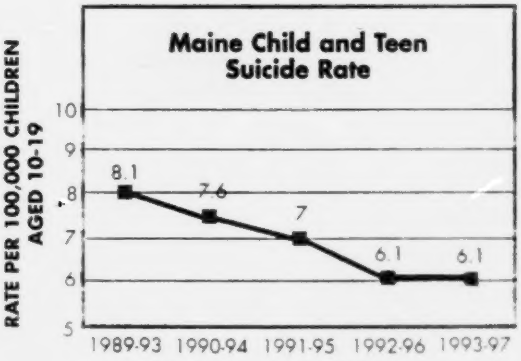


Sources: U.S. Department of Commerce, Bureau of Census, Current Population Survey



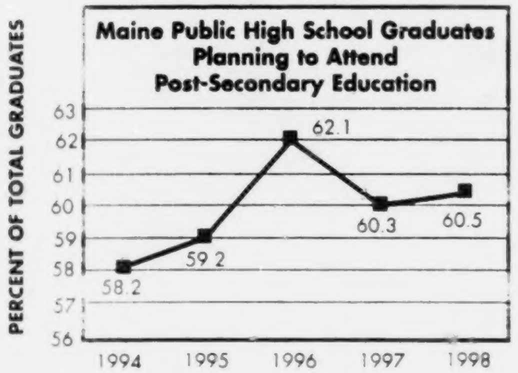
Source: Maine Department of Human Services, Office of Data, Research, and Vital Statistics

Infant mortality rates are a widely-used indicator of the health and well-being of a population. Maine enjoys one of the lowest infant mortality rates in the United States.



Source: Maine Department of Human Services, Office of Data, Research, and Vital Statistics

Suicide is the ultimate form of self-destructive behavior. Child and teen suicide is a matter of great concern in Maine and in the United States. The child and teen suicide rate has declined over the past several years in Maine.



Educational attainment is a positive indicator of success in later life. Since 1994, an increasing proportion of Maine high school graduates have planned to attend post-secondary education, whether college or technical school.

Source: Maine Department of Education, Division of Management Information

1990 Census Data

Photo by Patrisha McLean

Maine State Profile	Maine Number	Statewide rate or percent	National rate or percent
Adults 18 and over who have completed high school equivalency, 1990	745,423	79.0%	—
Women in labor force with youngest child under age 6, 1990	42,260	58.0%	54.5%
Women in labor force with youngest child underage 6-17, 1990	64,485	74.4%	70.9%
Children living in overcrowded housing, 1990	—	5.9%	16.1%
Children under age 6 with both or only parent in the labor force, 1990	60,890	58.3%	54.9%
Children under age 18 with both or only parent in the labor force, 1990	201,058	65.0%	61.1%
Children aged 0-17 not living with a parent, 1990	11,148	3.6%	4.3%
Children aged 5-17 who do not speak English at home, 1990	9,886	4.4%	13.9%

County Profile	Androscoggin		Aroostook		Cumberland		Franklin		Hancock		Kennebec	
	Number	rate or percent	Number	rate or per-	Number	rate or percent	Number	rate or percent	Number	rate or percent	Number	rate or percent
Adults 18 and over who have completed high school equivancy, 1990	56,850	72.7%	46,558	72.1%	157,698	84.6%	17,146	80.2%	29,552	83.1%	68,347	78.8%
Women in labor force with youngest child under age 6, 1990	4,047	61.5%	2,391	47.4%	9,039	61.5%	911	57.2%	1,572	56.6%	4,076	61%
Women in labor force with youngest child underage 6-17, 1990	5,655	76.2%	4,616	71.0%	11,831	77.1%	1,626	76.4%	2,264	73.0%	6,647	78.5%

County Profile	Knox		Lincoln		Oxford		Penobscot		Piscataquis		Sagadahoc	
	Number	rate or percent	Number	rate or percent	Number	rate or percent	Number	rate or percent	Number	rate or percent	Number	rate or percent
Adults 18 and over who have completed high school equivancy, 1990	22,017	80.1%	18,357	80.8%	29,516	76.3%	89,100	80.3%	10,123	74.8%	19,801	80.4%
Women in labor force with youngest child under age 6, 1990	1,279	61.7%	939	54.0%	1,818	59.2%	4,493	54.7%	641	59.1%	1,115	50.3%
Women in labor force with youngest child underage 6-17, 1990	1,919	76.7%	1,484	72.5%	2,795	72.8%	7,528	71.1%	960	66.6%	1,923	77.3%

County Profile	Somerset		Waldo		Washington		York	
	Number	rate or percent	Number	rate or percent	Number	rate or percent	Number	rate or percent
Adults 18 and over who have completed high school equivancy, 1990	25,934	71.7%	18,661	77.5%	19,228	73.2%	96,545	79.5%
Women in labor force with youngest child under age 6, 1990	1,635	56.8%	1,042	52.5%	782	40.6%	6,480	62.7%
Women in labor force with youngest child underage 6-17, 1990	2,174	72.5%	1,806	69.6%	1,662	64.2%	9,055	76.2%

Definitions and Sources of Data

Adults aged 18 and over who have completed high school or equivalency, 1990.

Includes persons whose highest degree was a high school diploma or its equivalent, persons who attended college or professional school, and persons who received a college, university, or professional degree. Persons who reported completing the 12th grade but not receiving a diploma are not included. Percent calculated using a denominator of 1990 Census population data for adults aged 18 and over.

Source: U.S. Bureau of the Census, September 1992. Table P60, 1990 Census of Population and Housing Summary Tape File 3a.

See also: High school completions.

Alcohol-related license suspensions for drivers under age 21; rate per 1,000 licensed drivers under age 21, 1998.

Number of license suspensions for drivers under age 21 with a blood alcohol count of .02 or greater during 1998. Population data used in the denominator to calculate the rate is the total number of licensed drivers under age 21 in 1998.

Source: Maine Bureau of Highway Safety.

See also: OUI arrests for drivers under age 21.

Alcohol use

See: Alcohol-related license suspensions for drivers under age 21; Children aged 0-14 using services of licensed alcohol and drug abuse treatment providers; OUI arrests for drivers under age 21; High school students reporting alcohol use within past 30 days; Youth aged 15-19 using services of licensed alcohol and drug abuse treatment providers.

Arrests of children aged 10-17, 1998; rate per 1,000 children aged 10-17.

Total number of arrests of children aged 10-17 for crimes including manslaughter, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft, forgery and counterfeiting, fraud, stolen property, vandalism, possession of a weapon, prostitution, sex offenses, drug and alcohol related offenses, violation of liquor laws, driving under the influence, drunkenness, disorderly conduct, and curfew and loitering law violations. The annual arrest data counts all arrests of youth for offenses during calendar year 1998, including repeated offenses by the same individual. Population data used in the denominators to calculate rates are 1997 estimates developed by the Office of Data, Research and Vital Statistics.

Source: Maine Department of Public Safety, Uniform Crime Reports, 1998.

Arrests of children aged 10-17 for crimes against persons,1998; rate per 1,000 children aged 10-17.

Total number of arrests of children aged 10-17 for crimes against persons including: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault; does not include other assaults. The annual arrest data count all arrests of youth for crimes against persons during calendar year 1996, including repeated offenses by the same individual. Population data used in the denominators to calculate rates are 1997 estimates developed by the Office of Data, Research and Vital Statistics. The national rate represents 1996 data.

Source: Maine Department of Public Safety, Uniform Crime Reports, 1998; 1996 national rate from the Annie E. Casey Foundation. *Kids Count Data Book: State Profiles of Child Well-being, 1999.*

Bilingual education

See: Children with limited English proficiency attending school, 1998-1999 school year, rate per 1,000 students enrolled in public and private schools.

Births to married teenaged mothers as a percent of total live births, 1997.

The percent of total live births to married women under age 20 in calendar year 1997. Births are reported by the mother's place of residence at the time of birth.

Source: Maine Department of Human Services, Office of Data, Research, and Vital Statistics.

See also: Teen pregnancy rate.

Births to single teenaged mothers as a percent of total live births, 1997.

The percent of total live births to unmarried women under age 20 in calendar year 1997. Births are reported by the mother's place of residence at the time of birth.

Source: Maine Department of Human Services, Office of Data, Research, and Vital Statistics.

Births to unmarried teenaged mothers who have not completed 12 years of school, five-year average (1993-1997); rate per 1,000 females aged 10-19.

Births to unmarried females aged 10 through 19 who have either not completed high school and are still in school, or who have dropped out of school. The data reflect the mother's place of residence at the time of birth. They are averaged over a five-year period (1993-1997) to smooth out annual fluctuations. Population data used in the denominators to calculate the rates are based on estimates for 1993-1997 developed by the Office of Data, Research, and Vital Statistics.

Source: Special tabulations by the Maine Department of Human Services, Office of Data, Research, and Vital Statistics.

Child abuse

See: Requests for child abuse and neglect services; Substantiated child abuse and neglect victims.

Child and teen suicides (ages 10-19), five-year average (1993-1997); rate per 100,000 children aged 10-19.

Deaths of children aged 10 through 19 for which suicide was listed as the cause. The data are reported by the child's place of residence, not the place of death. Data were averaged over a five-year period (1993-1997) to smooth out annual fluctuations and to protect confidentiality. Population data used in the denominators to calculate the rates are based on estimates for 1993-1997 developed by the Office of Data, Research, and Vital Statistics.

Source: Special tabulations by the Maine Department of Human Services, Office of Data, Research and Vital Statistics; 1997 national rate from National Center for Health Statistics.

See also: High school students reporting at least one suicide attempt in the last year.

Child deaths (ages 1-14), five-year average (1993-1997); rate per 100,000 children aged 1-14.

Deaths from all causes to children from ages 1 through 14. The data are reported by the child's place of residence, not the place of death. Data were averaged over a five-year period (1993-1997) to smooth out annual fluctuations. Population data used in the denominators to calculate rates are based on estimates for 1993-1997 developed by the Office of Data, Research, and Vital Statistics.

Source: Special tabulations by the Maine Department of Human Services, Office of Data, Research and Vital Statistics; 1996 national rate from the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being, 1999.*

See also: Infant mortality; Teen deaths; Teen violent deaths.

Child support enforcement, cases with collection, 1996.

The number of families with children for which the state child support enforcement agency successfully collected child support payments due, as a percent of the total number of families on the agency's caseload during state fiscal year 1996. In this year, Maine ranked 3rd in the nation in terms of successful cases.

Source: U.S. Department of Health and Human Services, Office of Child Support Enforcement, published in Children's Defense Fund, The State of America's Children Yearbook 1999.

Children aged 0-14 using services of licensed alcohol and drug abuse treatment providers, 1998; rate per 1,000 children aged 0-14.

The number of individual children aged birth through 14 using services provided by Maine alcohol and drug abuse treatment facilities with state funding, Driver Education Evaluation Program certification, or certification to dispense methadone, during calendar year 1998. Population data used in the denominators to calculate rates are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Addiction Treatment System, Maine Department of Mental Health, Mental Retardation, and Substance Abuse Services.

See also: Alcohol-related license suspensions for drivers under age 21; OUI arrests for drivers under age 21; High school students reporting alcohol use within past 30 days; High school students reporting use of inhalants at any time during their life; High school students reporting marijuana use within past 30 days; High school students reporting use of any form of cocaine within past 30 days; Youth aged 15-19 using services of licensed alcohol and drug abuse treatment providers.

Children ages 0-17 in Department of Human Services care or custody, September, 1999; rate per 1,000 children aged 0-17.

Children ordered into Department of Human Services custody as a result of a child protection hearing where the child is found to be in jeopardy, a juvenile hearing where it would be contrary to the child's health and welfare to remain in the care of custody of his parents, or a divorce and/or custody hearing where neither parent has been found able to provide a home in the best interest of the child. Children come into the Department's care when parents or other legal guardians place them voluntarily in that care as part of that parent's short-term plan to resume full care of the children. Population data used in the denominators to calculate rates are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Bureau of Child and Family Services.

Children aged 0-17 in poverty, 1995.

The estimated number and percent of children, aged 0-17, that are living in poverty. Data are reported by county. The Census Bureau now produces yearly estimates of median income and poverty at the state, county, and school district levels through its Small Area Income and Poverty Estimates (SAIPE) series. These estimates are modeled from combined census estimates, current population surveys (CPS), and other administrative and economic data. In 1995, the poverty threshold for a typical family of four persons was $15, 569.

Source: U.S. Department of Commerce, Bureau of the Census, Small Area Income and Poverty Estimates (SAIPE) program. Data are currently available for 1993 and 1995; 1996 estimates will be available in 2000 but were not available in time to use in this year's Data Book. The 1995 estimates were released in February, 1999. Data are available on line http://www.census.gov/hhes/www/saipe.html

Children aged 0-17 living in homeless or emergency shelters, July, 1998; rate per 1,000 children aged 0-17.

Individual children aged birth through 17 staying in one of Maine's homeless or emergency shelters during July of 1998, with or without other family members. This number may include children whose primary residence is out of state. It is also important to note that not all of the state's homeless or emergency shelters admit children. Population data used in the denominator to calculate the rate are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine State Housing Authority.

Children aged 0-17 not living with a parent,1990.

Children aged birth through 17 who did not live in the same household with at least one of their parents in 1990. Parenthood is determined by birth, marriage, or adoption. This figure includes children living in group quarters, such as residential treatment facilities. For a small number of children, it could not be determined from the available data whether or not they were living with a parent. They are counted as not living with a parent. Rate is calculated using 1990 Census data.

Source: Population Reference Bureau analysis of the U.S. Department of Commerce, Bureau of the Census, *Census of Population and Housing 1990*, Summary Tape File 3, Tables P-23, P-26, and P-41.

Children aged 0-17 on TANF in October, 1999.

The total number of children aged birth through 17 who were receiving Temporary Aid to Needy Families in October 1999. TANF is the program that replaced AFDC in 1997. Population data used in the denominators to calculate percents are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Bureau of Family Independence.

Children aged 0-17 participating in Medicaid, 1999.

The estimated number of individual children aged birth through 17 eligible for Medicaid reimbursement during state fiscal year 1999. The data are reported by the child's county of residence at the time the eligibility was determined. Population data used in the denominators to calculate percents are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Bureau of Medical Services.

Children aged 0-17 receiving Food Stamp benefits in October, 1999.

Total number of children aged birth through 17 who were receiving Food Stamp benefits in October 1999. Population data used in the denominators to calculate percents are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Bureau of Family Independence.

Children aged 19 and under in motor vehicle crashes with personal injury, as a percent of all children in motor vehicle crashes, 1998.

All children aged birth through 19 injured in any type of motor vehicle accident, regardless of whether or not the youth was driving the vehicle, as a percent of all children in motor vehicle crashes during calendar year 1998.

Source: Department of Human Services, Childhood Injury Prevention Program.

Photo by Lynn Davey

Children aged 5-17 who do not speak English at home, 1990.

The number of children aged 5 through 17 who spoke a language other than English at home as recorded in the 1990 U.S. Census. Children who spoke a language other than English at home are included in this category regardless of their proficiency in English or the primacy of English in the home. Rate is calculated using 1990 Census population data for all 5-17 year-olds.

Source: 1990 Census data as published in *The Challenge of Change: What the 1990 Census Tells Us About Children*, a report prepared by the Population Reference Bureau for the Center for the Study of Social Policy, September 1992, Table 34.

See also: Children with limited English proficiency attending school.

Children in single-parent families, three-year average,1995-1997.

The estimated percent of related children aged birth through 17 who live in families headed by a male or female person without a spouse present in the home. Related children include the family head's children by birth, marriage or adoption, as well as other persons aged 0-17, such as nieces or nephews, who are related to the family head. Children aged 0-17 who do not live in a household where they are related to the head of the household are not included in this count. Rate is calculated using census population estimates.

Source: Population Reference Bureau analysis of data from the U.S. Department of Commerce, Bureau of the Census, Current Population Survey (March supplement), 1995 through 1997 as shown in the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-Being, 1999*.

Children living in overcrowded housing, 1990.

The estimated percent of children living in households with more than one person per room. The definition of rooms includes living rooms, dining rooms, kitchens, bedrooms, finished recreation rooms, enclosed porches suitable for year-round use and lodgers rooms. Children living in households with nine or more rooms are assumed to live in housing that is not overcrowded, regardless of the number of people in the household. Rate is calculated using 1990 Census population data.

Source: Center for Urban and Economic Research at the University of Louisville, analysis of U.S. Department of commerce, Bureau of the Census, *Census of Population and Housing 1990*, Five-Percent Public Use Microdata Sample.

Children under age 6 with both or only parent in the labor force, 1990.

Children under age 6 are included in this category if they live with only one parent and that parent is in the labor force (i.e., working or looking for work), or if they live with two parents and both are in the labor force. Parenthood is determined by birth, marriage or adoption. Rates are calculated using 1990 Census population data.

Source: 1990 Census data as published in *The Challenge of Change: What the 1990 Census Tells Us About Children*, a report prepared by the Population Reference Bureau for the Center for the Study of Social Policy, September 1992, Tables 21 and 23.

▲ The indicator has changed from that used in last year's Data Book.

Children under age 18 with both or only parent in the labor force, 1990

Children under age 18 (including children under age 6) are included in this category if they live with only one parent and that parent is in the labor force (i.e., working or looking for work), or if they live with two parents and both are in the labor force. Parenthood is determined by birth, marriage or adoption. Rates are calculated using 1990 Census population data.
Source: 1990 Census data as published in *The Challenge of Change: What the 1990 Census Tells Us About Children*, a report prepared by the Population Reference Bureau for the Center for the Study of Social Policy, September 1992. Tables 21 and 23.

Children with limited English proficiency attending school, 1998-1999 school year, rate per 1,000 students enrolled in public schools.

Children attending public school in Maine who are determined at the start of the school year to be limited in their ability to use English because it is not their native language. Population data used in the denominator to calculate the rate are the total number of children enrolled in public school during the 1998-1999 school year. * *Data for public schools only were available at time of printing. The entire report on Language Minority Children should be available from the Department of Education in January.*
Source: *Data Collection Report on Language Minority Children*, Maine Department of Education, Special Projects Leadership Team, 1999.
For more information on language minority children, see
http://janus.state.me.us/education/esl/homepage.htm
See also: Race and ethnicity of children aged 0-19; Children aged 5-17 who do not speak English at home.

Children with disabilities as reported to the Department of Education, 1998-1999 school year; rate per 1,000 students enrolled in public and private schools.

The number of students enrolled in schools and individual education programs in Maine who are aged 3 through 21 and have disabilities requiring the provision of special education services. The count is taken as of December 1 of the school year and reflects special education enrollment on that one date. The child count is completed by school administrative units, approved state operated/state supported school and Child Development Services sites. Chapter 101, Special Education Regulations, identifies the following categories of disabilities: mental retardation, hard of hearing, deaf, speech and language impairment, visual impairment, behavioral impairment, orthopedic impairment, other health impairment, learning disability, deaf/blind, multihandicapped, preschool non-categorical, autism, and traumatic brain injury. Population data used in the denominator to calculate the rate are the total number of children enrolled in public and private school during the 1998-1999 school year.
Source: Maine Department of Education, Office of Special Services. Data are available on-line at:
http://www.mecite.doe.k12.me.us/speceddata/1998data/countydata.htm

● New indicator

Children without health insurance, five-year average,1995-1999.

The estimated percent of related children aged birth through 17 who are not covered by any kind of public or private health insurance, including Medicaid. Related children include a household head's children by birth, marriage or adoption, as well as any other person aged 0-17, such as nieces or nephews, who are related to the household head. Children aged 0-17 who do not live in a household where they are related to the head of the household are not included in this count. The figures shown here represent a five-year average of estimates from 1995 through 1999. Rates are calculated using Census population estimates. Five-year averages are calculated to smooth out annual fluctuations due to small sample sizes. **note that the 1999 Data Book reported an average of the years 1993-1997. For comparison purposes, we would like to note that for the 5-year period of 1994-1998, 13% of children 0-17 in Maine were without health insurance. The national average for those years was 14%.*
Source: U.S. Department of Commerce, Bureau of the Census, Current Population Survey (March supplement), 1995 through 1999.
See also: Children aged 0-17 participating in Medicaid; Low-income uninsured children with working parents.

Chlamydia cases, 10-19 year-olds, 1998; rate per 100,000 10-19 year-olds.

Reported cases of chlamydia among Maine children and adolescents aged 10 through 19 during calendar year 1998 as a percent of total 10-19 year-olds. Population data used in the denominator to calculate the rate are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.
Source: Maine Department of Human Services, Bureau of Health, HIV/STD Program
See also: Gonorrhea cases, 10-19 year-olds, rate per 100,000 10-19 year-olds; Sexually active high school students who reported using a condom during last intercourse.

Core mental health professionals, rate per 1,000 children aged 0-19, 1994.

Total number of psychiatrists, psychologists, licensed clinical social workers, marriage and family counselors, and psychiatric nurse specialists registered with the Maine Department of Professional and Financial Regulation. Data are all from 1994 with the exception of psychiatric nurse specialists, which are from 1993. This number does not indicate how many core mental health professionals provide services to children. Rate is calculated using 1994 population estimates developed by the Office of Data, Research, and Vital Statistics. * More recent data are not yet available for this indicator.
Source: Tabulation in 1994 by Muskie School based on data from the Maine Department of Human Services, Office of Data, Research, and Vital Statistics, and the Department of Professional and Financial Regulation.

Crime

See: Arrests for crimes against persons by youth aged 0-17; Arrests of children aged 0-17.

Domestic assaults reported to police, 1998; rate per 100,000 population.

Assaults reported to the police which were perpetrated by family or household members who are or were married or living together in a romantic relationship, natural parents of the same child (whether or not the couple ever lived together) or other adult family members related by blood or marriage. These are not unduplicated counts, and may include numerous assaults affecting the same individuals. These numbers also do not indicate the presence of minor children in households where the assaults occurred. Population data used in the denominators to calculate rates are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Public Safety, Uniform Crime Reports, 1998.

Drug abuse

See: Children aged 0-14 using services of licensed alcohol and drug abuse treatment providers; Students reporting marijuana use within past 30 days; Students reporting use of any form of cocaine within past 30 days; Students reporting use of inhalants at any time during their life; Youth aged 15-19 using services of licensed alcohol and drug abuse treatment providers.

Education

See: Adults aged 18 and over who have completed high school or equivalency; Children with limited English proficiency attending school; Children with disabilities as reported to the Department of Education; High school completions; High 1999.

● Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999.

The estimated hourly wage required in order to meet basic expenses for a single parent, two-person family in 1999. Data are reported by county. The 1999 basic needs budgets and livable wages were calculated by the Maine Center for Economic Policy, and can be found in their report "Getting By in 1999: Basic needs and livable wages in Maine." The report provides monthly basic needs budgets for households of various family sizes, by both county and key urban areas. These budgets are based on eight expenditure categories: food, housing, telephone, health care, transportation, child care, clothing/household goods, and personal care. The livable wage was determined by calculating the hourly wage necessary to meet these basic needs expenditures. The estimated statewide average livable wage for a single parent family of two comes to over 200% of the federal poverty level.

Source: *Getting By in 1999: Basic needs and livable wages in Maine.* November, 1999. Maine Center for Economic Policy. Report is available on-line at: http://www.mecep.org/getby/index.htm

See also: Jobs that pay a livable wage

Families headed by mothers receiving child support or alimony, five-year average, 1994-1998.

The estimated percent of families headed by a woman with no spouse present and with one or more own children aged birth through 17 receiving either child support or alimony payments during the previous calendar year. Includes those receiving partial payment as well as those receiving full payment. There may be no child support award in place for many of these families. Own children include the family head's children by birth, marriage or adoption. The figures shown here represent an average of data from 1994 through 1998. Rates are calculated using census population estimates.

Source: Population Reference Bureau analysis of data from the U.S. Department of Commerce, Bureau of the Census, Current Population Survey (March supplement), 1994 through 1998, as published in the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being, 1999*

See also: Child support enforcement, cases with collection.

General practice dentists, full-time equivalent rate per 1,000 children aged 0-19, 1998.

Full-time equivalent licensed dentists in active general practice as of January 1, 1998. One full-time equivalent equals 40 hours of work per week. This number does not indicate how many dentists provide services to children. Population data used in the denominators to calculate rates are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Office of Data, Research, and Vital Statistics, Maine Cooperative Health Manpower Resource Inventory.

Gonorrhea cases, 10-19 year-olds, 1998; rate per 100,000 10-19 year-olds.

Reported cases of gonorrhea among Maine children and adolescents aged 10 through 19 during calendar year 1998 as a percent of total 10-19 year-olds. Population data used in the denominator to calculate the rate are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Bureau of Health, HIV/STD Program

See also: Chlamydia cases, 10-19 year-olds, rate per 100,000 10-19 year-olds; Sexually active high school students who reported using a condom during last intercourse.

Health insurance

See: Children without health insurance; Children aged 0-17 participating in Medicaid programs; Low-income uninsured children with working parents.

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▲ The indicator has changed from that used in last year's Data Book

High school completions, 1997-1998; as a percent of all 17 year-olds.

Total number of high school diplomas granted during the 1997-1998 school year, including persons completing General Equivalency Development (GED) Certificates or receiving diplomas granted through adult education centers. Population data used to calculate the percent are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Education, Division of Management Information. Data are available on-line at:
http://janus.state.me.us/education/enroll/grads/grad.htm

See also: Adults aged 18 and over who have completed high school or equivalency.

High school dropouts, 1997-1998 school year.

Any person who has withdrawn or been expelled from high school before graduation or completion of a program of studies and who has not enrolled in another educational institution or program. Each local educational unit submits a dropout report to the Department of Education as of the last day of school, counting all students who dropped out during the previous calendar year. Data presented on individual County pages represent public school dropouts only. On the State of Maine page, the total number includes dropouts from public high schools as indicated on each County page, as well as dropouts from private high schools with at least 60% publicly funded students. Therefore, the state dropout rate is calculated as a percent of all students enrolled in public and private schools, grades 9-12, during the 1997-1998 school year. For a break-out of public and private school drop-out rates, refer to the Education and Learning table on page 16.

Source: Maine Department of Education, Division of Management Information. Data are available on-line at:
http://janus.state.me.us/education/enroll/dropouts/drop.htm;
1998 National rate from the National Center for Education Statistics.

See also: Percent of teens aged 16-19 who are high school dropouts, three-year average, 1995-1997;Percent of teens aged 16-19 not attending school and not working, three-year average, 1995-1997.

Photo by Lynn Davey

● New indicator

High school graduates planning to attend post-secondary school, 1997-1998 school year.

High school graduates (including regular diploma, other diploma, or certificate of completion during the previous school year or subsequent summer school) who intend to or are enrolled full or part time in post-secondary education, according to a survey administered by the local educational unit and submitted in the fall following graduation. Data presented on the State of Maine page and individual County pages represent public school graduates only. The rate is calculated as a percent of total public high school graduates in the state. To see a comparison of the percents of public versus private school graduates planning to attend post-secondary school, refer to the Education and Learning table on page 16.

▲ The 1996 national rate reports the percentage of high school completers aged 16-24 who were enrolled in any post-secondary education institution the October after completing high school. Because of the difference in age ranges represented by County and State versus National data, please exercise caution in making comparisons.

Source: Maine Department of Education, Division of
Management Information. Data are available on-line at:
http://janus.state.me.us/education/enroll/grads/grad.htm;
national rate from U.S. Department of Education,
The Condition of Education 1998. Data available on-line
at: http://nces.ed.gov/pubs98/condition98/c9807d01.html

High school students reporting alcohol use within past 30 days, 1999.*

Percent of high school students responding to the spring 1999 Maine Youth Risk Behavior Survey who indicated that they had at least one drink of alcohol on one or more of the past 30 days.

*Data are unweighted.

Source: Maine Department of Education, Bureau of Instruction, 1999 Maine Youth Risk Behavior Survey Report. Data are available on-line at:
http://janus.state.me.us/education/hiv/homepage.htm;
1997 National rate from the Youth Risk Behavior Surveillance-Center for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. Data are available on-line at www.cdc.gov/nccdphp/dash/yrbs/trend.htm

High school students reporting at least one suicide attempt in the last year, 1999.*

Percent of high school students responding to the spring 1999 Maine Youth Risk Behavior Survey who indicated that they actually attempted suicide one or more times during the previous 12 months.

*Data are unweighted.

Source: Maine Department of Education, Bureau of Instruction,
1999 Maine Youth Risk Behavior Survey Report. Data are available on-line
at: http://janus.state.me.us/education/hiv/homepage.htm;
1997 National rate from the Youth Risk Behavior Surveillance - Center
for Disease Control, National Center for Chronic Disease Prevention
and Health Promotion, Division of Adolescent and School Health.
Data are available on-line at www.cdc.gov/nccdphp/dash/yrbs/trend.htm

High school students reporting cigarette smoking within past 30 days, 1999.*

Percent of high school students responding to the spring 1999 Maine Youth Risk Behavior Survey who indicated that they had smoked cigarettes on one or more of the past 30 days. *Data are unweighted.

Source: Maine Department of Education, Bureau of Instruction, 1999 Maine Youth Risk Behavior Survey Report. Data are available on-line at: http://janus.state.me.us/education/hiv/homepage.htm;

1997 National rate from the Youth Risk Behavior Surveillance - Center for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health.

Data are available on-line at www.cdc.gov/nccdphp/dash/yrbs/trend.htm

High school students reporting marijuana use within past 30 days, 1999.*

Percent of high school students responding to the spring 1999 Maine Youth Risk Behavior Survey who indicated that they had used marijuana one or more times during the past 30 days.

*Data are unweighted.

Source: Maine Department of Education, Bureau of Instruction, 1999 Maine Youth Risk Behavior Survey Report. Data are available on-line at: http://janus.state.me.us/education/hiv/homepage.htm;

1997 National rate from the Youth Risk Behavior Surveillance - Center for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health.

Data are available on-line at www.cdc.gov/nccdphp/dash/yrbs/trend.htm

High school students reporting use of any form of cocaine within past 30 days, 1999.*

Percent of high school students responding to the spring 1999 Maine Youth Risk Behavior Survey who indicated that they had used any form of cocaine, including powder, crack, or freebase one or more times during the past 30 days.

*Data are unweighted.

Source: Maine Department of Education, Bureau of Instruction, 1999 Maine Youth Risk Behavior Survey Report. Data are available on-line at: http://janus.state.me.us/education/hiv/homepage.htm

Photo by Patrisha McLean

High school students reporting use of inhalants at any time during their life, 1999.*

Percent of high school students responding to the spring 1999 Maine Youth Risk Behavior Survey who indicated that they had sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paint or spray to get high during their life.

*Data are unweighted.

Source: Maine Department of Education, Bureau of Instruction, 1999 *Maine Youth Risk Behavior Survey Report.*

High school students who visited a health professional during the past 12 months, 1995.

Percent of high school students responding to the spring 1995 Maine Youth Risk Behavior Survey who indicated that they visited health professional one or more times during the previous 12 months. This question was not asked on the 1997 or1999 survey.

Source: Maine Department of Education, Bureau of Instruction, *1995 Maine Youth Risk Behavior Survey Report.*

Home-schooled students, 1998 annual average.

The number of students approved for home schooling for the 1998 calendar year as reported to the Maine Department of Education by school superintendents.

Source: Maine Department of Education, Division of Management Information. Data are available on-line at: http://janus.state.me.us/education/enroll/enrlfacts.htm

Hospital discharges of children 0-19 for mental health or substance abuse diagnoses, 1998; rate per 1,000 children aged 0-19.

The number of hospital discharges of children ages 0-19 with a principal diagnosis of mental disease/disorder (MDC 19), alcohol/drug use or alcohol/drug induced organic mental disorders (MDC 20).These data count hospitalizations, not individual children. Population data used in the denominator are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Health Data Organization, special data run.

Infant mortality; rate per 1,000 live births, five-year average, 1993-1997.

Deaths of infants under 1 year of age in comparison to live births occurring during the same time period. The data are reported by place of residence, not place of death. They are averaged over a five-year period (1993-1997) to smooth out annual fluctuations. Population data used in the denominators to calculate rates are based on birth records filed with the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Office of Data, Research and Vital Statistics; 1997 national rate from the National Vital Statistics Report, vol. 47, no. 4.

▲ The indicator has changed from that used in last year's Data Book.

Jobs that pay a livable wage, 1998.

The percentage of all jobs in Maine that paid what the Maine Economic Growth Council considers to be an annual livable wage for a family of two (assuming a single wage-earner) for calendar year 1998. This measure considers a livable wage to be 185% of the federal poverty threshold for a family of two. The 1998 poverty threshold for a family of two was $10, 634. Therefore, a livable wage (1.85 x $10,634) amounted to an annual salary of $19,673 for a family of two. Reported here is the percent of jobs that paid at least $19,673 per year. **Because we are including new information regarding basic needs and livable wages (see:* ***Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999),*** *we would like to include a note that if a livable wage were defined as 200% of poverty, an annual salary of $21,268 for a family of two would be required. In 1998, 63% of all jobs in Maine paid at least $21,628.*

Source: Maine Development Foundation analysis based on Maine Department of Labor, Division of Labor Market Information Services, ES-2-2, Covered Employment and Wages Program; For the table of 1998 poverty thresholds, see: http://www.census.gov/hhes/poverty/threshld/thresh98.html

See also: Estimated livable wage based on a basic needs budget for a single parent, two-person family, 1999.

Live births for which prenatal care began in the first trimester, as a percent of all live births, 1997.

Number of live births occurring in calendar year 1997 for which the mother began receiving prenatal care during the first three months of pregnancy. Population data used in the denominators to calculate percents are based on birth records filed with the Office of Data, Research, and Vital Statistics. This indicator is often used as a measure of access to prenatal care, or to primary care in general.

Source: Maine Department of Human Services, Office of Data, Research, and Vital Statistics; national rate from the National Center for Health Statistics. *Trends in the Well-Being of America's Children and Youth: 1998.*

Low birthweight infants; live births under 2500 grams (5.5 pounds), as a percent of all live births, 1997.

Live births occurring in calendar year 1997 in which the newborn weighed less than 2500 grams, as a percent of total live births. Population data used in the denominators to calculate percents are based on birth records filed with the Office of Data, Research, and Vital Statistics. * Explanatory note: Because of normal variation in birth weight, probability suggests that roughly 5% of all infants born will weigh less than 5.5 pounds.

Source: Maine Department of Human Services, Office of Data, Research and Vital Statistics; 1997 national rate from Federal Interagency Forum on Child and Family Statistics. *Americas Children: Key National Indicators of Well-Being, 1999.*

This report is available on-line at: http://childstats.gov

● New indicator

● Low-income uninsured children with working parents, five-year average, 1995-1999.

The number of children aged 0-17 who are poor (below 100% of poverty) and near poor (between 100%-200% of poverty), have working parents (meaning at least one parent in married-couple families or only parent in single-parent families worked at least 26 weeks in the previous year), and who lack health insurance. In 1998, the poverty threshold for an average three-person family was $13,003. So, for a family of three, $13,003 represents what we call "100% of poverty." Thus "200% of poverty" would be twice that amount, or $26,006 for a family of three. The figures shown here represent a five-year average of estimates from 1995 through 1999. Five-year averages are used to smooth out annual fluctuations due to small sample sizes. Rates are calculated using Census population estimates.

Source: U.S. Department of Commerce, Bureau of the Census, Current Population Survey (March supplement), 1995 through 1999. Special tabulations created for the KIDS COUNT projects of the Annie E. Casey Foundation, November 1999. For the table of 1998 poverty thresholds, see: http://www.census.gov/hhes/poverty/threshld/thresh98.html

See also: Children aged 0-17 participating in Medicaid; Children without health insurance.

Median household income, 1995.

Estimated median household income by county in Maine. The Census Bureau now produces yearly estimates of median income and poverty at the state, county, and school district levels through its Small Area Income and Poverty Estimates (SAIPE) series. These estimates are modeled from combined census estimates, current population surveys (CPS), and other administrative and economic data, and represent the population as of July 1996. The median income is the dollar amount which divides the income distribution into two equal groups - half with income above the median and half with income below it.

Source: U.S. Bureau of the Census, Small Area Income and Poverty Estimates (SAIPE). Data are currently available for 1993 and 1995; 1996 estimates will be available in 2000 but were not available in time to use in this year's Data Book. The 1995 estimates were released in February, 1999. Data are available on-line at: http://www.census.go/hhes/www/saipe.html

Median income of families with children, five-year average, 1994-1998.

The estimated median annual income for families with related children aged birth through 17 living in the household. Related children include the family head's children by birth, marriage, or adoption, as well as other persons aged 0-17, such as nieces and nephews, who are related to the family head and living in the household. The median income is the dollar amount that divides the income distribution into two equal groups - half with income above the median and half with income below it. The figures shown represent an average of estimates from 1994 to 1998, based on surveys of a sample of Maine households. Rate is calculated using census population estimates. Five-year averages are used to smooth out annual fluctuations due to small sample size.

Source: Population Reference Bureau analysis of the U.S. Department of commerce, Bureau of the Census, Current Population Survey (March supplement), 1994 through 1998, as published in the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being, 1999.*

See also: Children aged 0-17 living at or below federal poverty line.

OUI arrests for drivers under age 21, rate per 1,000 licensed drivers under age 21, 1998.

Arrests of Maine drivers under age 21 for Operating Under the Influence (driving with a blood alcohol concentration of .08 percent by weight). OUI includes being under the influence of alcohol, a drug or drugs other than alcohol, or any combination of alcohol and one or more drugs other than alcohol. The blood alcohol concentration is measured as a percent by weight of alcohol in the blood.

Source: Maine Bureau of Highway Safety.

See also: Alcohol-related license suspensions for drivers under age 21.

Percent of teens aged 16-19 not attending school and not working, three-year average, 1995-1997.

Estimated percent of all teens aged 16 through 19 who are not enrolled in school full or part time, and not employed full or part time.

Source: Special tabulations of Current Population Survey microdata prepared by the Bureau of Labor Statistics, as published in the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being, 1999*

Percent of teens aged 16-19 who are high school dropouts, three-year average,1995-1997.

A reflection of educational performance, this measure is based on the twelve-months Current Population Survey (CPS) file maintained by the Bureau of Labor Statistics (BLS). Each month the CPS asks respondents in about 60,000 households nationwide about their activities related to the labor force and education. For this indicator, a percentage is calculated based on nine months of data (September through May) for each year. Three-year averages were used to reduce fluctuation due to sampling error.

Source: Special tabulations of Current Population Survey microdata prepared by the Bureau of Labor Statistics, as published in the Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being, 1997*

Population, 1997 estimated.

Numbers of individuals by age are estimated by extrapolating from the 1990 census, taking into account births, deaths, and net migration.

Source: Estimates prepared by the Maine Department of Human Services, Office of Data, Research, and Vital Statistics.

Poverty

See: Children aged 0-17 in poverty; Children aged 0-17 living at or below federal poverty line; Low-income uninsured children.

Private school enrollment, Fall 1998.

Maine students enrolled in private schools as of October 1, as reported by the local educational unit. These numbers include publicly funded students enrolled in private schools.

Source: Maine Department of Education, Division of Management Information. Data are available on-line at:

http://janus.state.me.us/education/enroll/enrlfacts.htm

Public school enrollment, Fall 1998.

Maine students enrolled in public schools as of October 1, as reported by the local educational unit.

Source: Maine Department of Education, Division of Management Information. Data are available on-line at:

http://janus.state.me.us/education/enroll/enrlfacts.htm

▲ Race and ethnicity of children aged 0-19, 1998 estimated.

Estimated numbers of children aged birth through 19 represented by the four mutually exclusive racial categories (White, Black, American Indian & Alaska Native, Asian & Pacific Islander). Also included this year is the total number of children of Hispanic origin, regardless of race. It is important to recognize that race (White, Black, American Indian & Alaska Native, Asian & Pacific Islander) and ethnicity (Hispanic v non-Hispanic) are separate and independent categories. Therefore, persons of Hispanic origin may be of any race (although the Hispanic population is predominately White). Following is a listing of each of the categories used in our race and ethnicity tables along with an explanation of how they relate to the other categories.

TOTAL – All individuals in the population. This is equal to the sum of the White, Black, American Indian & Alaska Native, and Asian & Pacific Islander categories.

WHITE – All Whites, regardless of Hispanic origin.

BLACK – All Blacks, regardless of Hispanic origin.

AMERICAN INDIAN & ALASKA NATIVE – All individuals who are American Indian or Alaska Native (a category which includes Eskimos and Aleuts), regardless of Hispanic origin.

ASIAN & PACIFIC ISLANDER – All individuals who are Asian or Pacific Islander, regardless of Hispanic origin.

● TOTAL HISPANIC – All Hispanics in the population, regardless of race. This category cannot be derived from any of the other categories, although it can be subtracted from TOTAL to get the total number of Non-Hispanics in the population, regardless of race.

Population data used in the denominator to calculate percents is the 1996 estimate of population from the U.S. Census Bureau, which differs slightly from that developed by Maine's Office of Data, Research, and Vital Statistics.

Source: Maine KIDS COUNT analysis of 1998 county data from
U.S. Bureau of the Census, 1990 to 1998 Annual Time Series
of County Population Estimates By Age, Sex, Race,
and Hispanic Origin.Available on-line at:
http://www.census.gov/population/www/estimates/co_casrh.html

Recipients of WIC benefits, 1998.

Number of individuals receiving WIC benefits during calendar year 1996. WIC (Women's, Infants and Children's Supplemental Nutrition Program) provides specific nutritious foods and nutrition education to low income pregnant and breast feeding women, infants and children up to the age of five. Recipients must be at or below 185% of poverty and be at medical or nutritional risk.

Source: Maine Department of Human Services, WIC Program, special data run.

▲ The indicator has changed from that used in last year's Data Book.

Repeat teen pregnancies as a percent of total teen pregnancies, 1997.

The percent of females under age 20 who became pregnant during calendar year 1997 who had already been pregnant at least once before in their lives.

Source: Special tabulations by Maine Department of Human Services, Office of Data, Research, and Vital Statistics.

Requests for child abuse and neglect services, 1998.

Any written or verbal requests made during calendar year 1998 for Child Protective Services intervention in a family situation on behalf of a child in order to assess or resolve problems being presented. Cases are screened out when evidence of serious family problems or dysfunction was evident but the situation did not contain an allegation of abuse or neglect. Cases deemed appropriate for referral meet the standards contained in 22 MRSA, 4002 as defined under the definition for substantiated child abuse and neglect victims. Appropriate referrals not assigned due to lack of resources refers to the Department of Human Services' ability to respond to referrals of child abuse and neglect based on factors such as the number of caseworkers, the seriousness or complexity of cases receiving services and the availability of resources. Current staff resources are not sufficient for the Department to assign all of the referrals it receives for Child Protective Services. The allegations of these referrals warrant Child Protective Services intervention but are not assigned because the office has reached the upper limits of its capacity to investigate and assess

Source: Maine Department of Human Services, Bureau of Child and Family Services, Child Protective Services.

See also: Substantiated child abuse and neglect victims: rate per 1,000 children aged 0-17.

School children receiving subsidized school lunches, as percent of total public school enrollment, 1998-1999 school year.

The National School Lunch Program is a meal entitlement plan primarily funded through federal dollars. All elementary and junior high schools are required to participate in the program. In Maine, high schools have the option of participating. Children are eligible for free school lunches if their family income does not exceed 130% of the federal poverty level*. They are eligible for reduced price school lunches if their family income falls between 130% and 185% of the federal poverty level. Student eligibility for the program is a measure of change in the poverty status of children. Rates are calculated using 1998-1999 fall public school enrollment figures.

*The Federal Poverty Guidelines (often loosely referred to as the Federal Poverty Level, or FPL) are issued each year by the Department of Health and Human Services (HHS), and are a simplification of the Census Bureau's Poverty Thresholds and are used for administrative purposes (such as eligibility in programs such as the National School Lunch Program). For more information on poverty guidelines, ***see:*** http://aspe.hhs.gov/poverty/99poverty.htm

Source: Maine Department of Education, School Nutrition Program.

● New indicator

School enrollments,

See: Private school enrollment; Public school enrollment.

Sexually active high school students who reported using a condom during last intercourse, 1999.

Percent of high school students responding to the spring 1999 Maine Youth Risk Behavior Survey who indicated that they were sexually active and who said they used a condom during their most recent intercourse.*Data are unweighted.

Source: Maine Department of Education, Bureau of Instruction, 1999 Maine Youth Risk Behavior Survey Report; 1997 National rate from the Youth Risk Behavior Surveillance Center for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health.Data are available on-line at www.cdc.gov/nccdphp/dash/yrbs/trend.htm

See also: Chlamydia cases, 10-19 year-olds, rate per 100,000 10-19 year-olds; Gonorrhea cases, 10-19 year-olds, rate per 100,000 10-19 year-olds.

State TANF and Food Stamp maximum benefit level as a percent of the Federal Poverty Guideline, 1999.

▲ The percent of the 1999 Federal Poverty Guideline* for a one-parent family of three persons (one parent, two children) covered by current-year state TANF (Temporary Aid to Needy Families) and Food Stamp Benefits. For a family of three, the 1999 Federal Poverty Guideline was $13,880, or $1,157/month. In Maine, the TANF maximum monthly grant for a family of three is $461. Therefore, the TANF maximum is 40% of the federal poverty guideline. A family of three receiving $461 in TANF benefits would receive a maximum monthly Food Stamp benefit of $330. The combined benefit of $791 is 68.36% of the Federal Poverty Guideline for a family of three.

*The Federal Poverty Guidelines (often loosely referred to as the Federal Poverty Level, or FPL) are issued each year by the Department of Health and Human Services (HHS), and are a simplification of the Census Bureau's Poverty Thresholds and are used for administrative purposes. ***Source:*** Maine Department of Human Services, Bureau of Family Independence; Poverty Guidelines provided in the Federal Register, Vol. 64, No. 52, March 18,1999, pp. 13428-13439. Data available on-line at: http://aspe.hhs.gov/poverty/99poverty.htm

National rate provided by the Congressional Research Service; U.S. Department of Health and Human Services, Office of Family Assistance http://www.acf.dhhs.gov/news/stats/aug-sep.htm,
downloaded 2/2/1999, calculated by the Children's Defense Fund
as shown in *The State of America's Children Yearbook 1999*

See also: Children aged 0-17 on TANF; Children aged 0-17 receiving Food Stamp Benefits.

▲ Substantiated child abuse and neglect victims, 1998; rate per 1,000 children aged 0-17.

The number of individual victims of child abuse and neglect in calendar year 1998 for whom assessment led to a finding of a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these by a person responsible for the child (22 M.R.S.A. 4002).

These numbers are affected by the Department of Human Services' ability to respond to referrals of child abuse or neglect based on factors such as the number of caseworkers, the seriousness or complexity of the cases receiving services, and the availability of resources. Current staff resources are not sufficient for the Department to assign all of the referrals it receives. The *1999 KIDS COUNT Data Book* reported a duplicated count of child abuse and neglect victims and cannot be compared to figures presented here.

Source: Maine Department of Human Services, Bureau of Child and Family Services, Child Protective Services; 1997 national rate from U.S. Department of Health and Human Services, Child Maltreatment 1997: *Reports From the States to the National Child Abuse and Neglect Data System.*

Suicide

See: Child and teen suicides.

Teen deaths (ages 15-19), five-year average (1993-1997); rate per10,000 children aged 15-19.

The number of deaths from all causes to children aged 15 through 19. The data are reported by the child's place of residence, not the place of death. Data were averaged over a five-year period (1993-1997) to smooth out annual fluctuations. Population data used in the denominators to calculate the rates are based on estimates for 1993-1997 developed by the Office of Data, Research, and Vital Statistics.

Source: Special tabulations by the Maine Department of Human Services, Office of Data, Research and Vital Statistics; 1997 national data published in Federal Interagency Forum on Child and Family Statistics, *Americas Children: Key National Indicators of Well-Being, 1999.* This report is available on-line at: http://childstats.gov.

Photo by Nancy Griffin

Teen pregnancy, rate per 1,000 females aged 10-17, 1997.

All reported live births, induced abortions, and fetal deaths occurring to females aged 10 through 17 during calendar year 1997. Population data used in the denominators to calculate the rates are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Department of Human Services, Office of Data, Research and Vital Statistics.

Teens aged 15-19 receiving services from family planning providers, FY 1999; as a percent of all 15-19 year olds.

Unduplicated client counts of Maine teens, male and female, aged 15 through 19, who received services at family planning clinics between July 1,1998 and June 30, 1999 (state FY 1999). Such services include annual exams; contraceptive counseling and administration; breast and pelvic exams; pap smears; pregnancy testing, STD testing and treatment; and treatment of infections.

Source: Family Planning Association of Maine, Ahlers Reporting System, fiscal year 1999, page 4, Table SL-3A, Unduplicated Client Counts by Age, CVR Item #21.

Teen violent deaths (ages 15-19), five-year average (1993-1997); rate per 10,000 children aged 15-19.

Deaths caused by homicide, suicide, and accidents to children aged 15 through 19. The data are reported by the child's place of residence, not the place where the death occurred. Data were averaged over a five-year period (1993-1997) to smooth out annual fluctuations. Population data used in the denominators to calculate the rates are estimates for 1993-1997 developed by the Office of Data, Research, and Vital Statistics.

Source: Special tabulations, Maine Department of Human Services, Office of Data, Research, and Vital Statistics; 1997 national rate from Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being, 1999.*

Two-year-olds who were age-appropriately immunized, 1998.

Immunization rates are estimated from retrospective surveys of five-year-olds entering a representative sample of Maine schools each year. According to current state recommendations, two-year-olds should have has "4:3:1 Series Coverage"; that is, 4 doses of DTP (Diphtheria-Tetanus-Pertussis) vaccine, 3 doses of Poliovirus vaccine, and 1 dose of MMR (Measles-Mumps-Rubella) vaccine. For a child to receive these immunizations, a minimum of 4 well-child visits to a health care professional is necessary. The national rate is derived from the National Immunization Survey (NIS), which provides state estimates of vaccination coverage levels among children ages 19 to 35 months. The national survey data were collected for calendar year 1997.

Source: Maine Department of Human Services, Immunization Program; ▲1997 national rate from Annie E. Casey Foundation, *Kids Count Data Book: State Profiles of Child Well-being, 1999.*

▲ The indicator has changed from that used in last year's Data Book.

Unemployed persons aged 16 and over, annual average,1998.

The sum of the number of unemployed people aged 16 and over each month of the year 1998, divided by 12. Percent is the average number of people in the civilian labor force divided by the average number of unemployed people. Data are not seasonally adjusted. Persons are counted as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work. People are considered employed if they did any work at all for pay or profit during the survey week. This includes all part-time and temporary work, as well as regular full-time year-round employment, and persons who worked 15 hours or more in a week without pay in a family-operated enterprise.

Source: Maine Department of Labor, Bureau of Employment Security, Division of Labor Market Information Services, Local
Area Unemployment Statistics Program (LAUS). "Civilian Labor Force for Maine and Counties, 1998. Data are derived from the Census Bureau's Current Population Survey (CPS). Report is available on-line at:
http://janus.state.me.us/labor/lmis/reports/edrg/mectv98.html.
National data referenced are from the Bureau of Labor Statistics,
Local Area Unemployment Statistics Program (LAUS).
Table 1: Employment status of the civilian noninstitutional population 16 years of age and over by region, division, and state,
1997-1998 annual averages. Data are derived from the Census Bureau's Current Population Survey (CPS). The report is available on-line at: http://stats.bls.gov/news.release/srgune.t01.htm

Unemployed persons aged 16-19, annual average,1998.

The estimated average percent of Maine 16 through 19 year-olds in the civilian labor force but not employed during calendar year 1998. This includes 16 through 19 year-olds still enrolled in school who also consider themselves to be in the labor force.

Source: U.S. Bureau of the Census, Current Population Survey.

Well child clinic visits by children under age 21, 1998.

Total number of well child clinic visits provided statewide to children under age 21 by public health nurses or agencies contracted by the Division of Community and Family Health during the 1998 state fiscal year. Data are based on visits, not individuals, so children who had more than one visit in the year are counted multiple times. A visit, however, may include more than one type of service, e.g. screening for lead poisoning and immunization. Services provided during well child visits may also include periodic preventive and diagnostic exams, hearing and vision screening, referral counseling, and some sick care.

Source: Maine Department of Human Services, Bureau of Health, Division of Community and Family Health.

● New indicator

Women in labor force with youngest child under age 6, 1990.

The number of women aged 16 and over (regardless of marital status) whose youngest child is under age 6, and who are in the paid labor force. Rates are calculated as a percent of all women aged 16 and over whose youngest child is under age 6, using census population data.

Source: 1990 Census data as published on the Census Bureau website www.census.gov

Women in labor force with youngest child ages 6 to 17, 1990.

The number of women aged 16 and over (regardless of marital status) whose youngest child is between ages 6 and 17, and who are in the paid labor force. Rates are calculated as a percent of all women aged 16 and over whose youngest child is between the ages of 6 and 17.

Source: 1990 Census data as published on the Census Bureau website www.census.gov

Youth aged 15-19 using services of licensed alcohol and drug abuse treatment providers, 1998; rate per 1,000 youth aged 15-19.

The number of individual youth aged 15 through 19 using services provided by Maine alcohol and drug abuse treatment facilities with state funding, Driver Education Evaluation Program certification, or certification to dispense methadone, during calendar year 1998. Population data used in the denominator to calculate rates are 1997 estimates developed by the Office of Data, Research, and Vital Statistics.

Source: Maine Addiction Treatment System, Maine Department of Mental Health, Mental Retardation, and Substance Abuse Services.

See also: Alcohol-related license suspensions for drivers under age 21; Children aged 0-14 using services of licensed alcohol and drug abuse treatment providers; OUI arrests for drivers under age 21; High school students reporting alcohol use within past 30 days; High school students reporting use of inhalants at any time during their life; High school students reporting marijuana use within past 30 days; High school students reporting use of any form of cocaine within past 30 days.

Photo by Patrick McLean

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